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U. S. Army. Dibble General Hospital.
Menlo Park, Calif. History

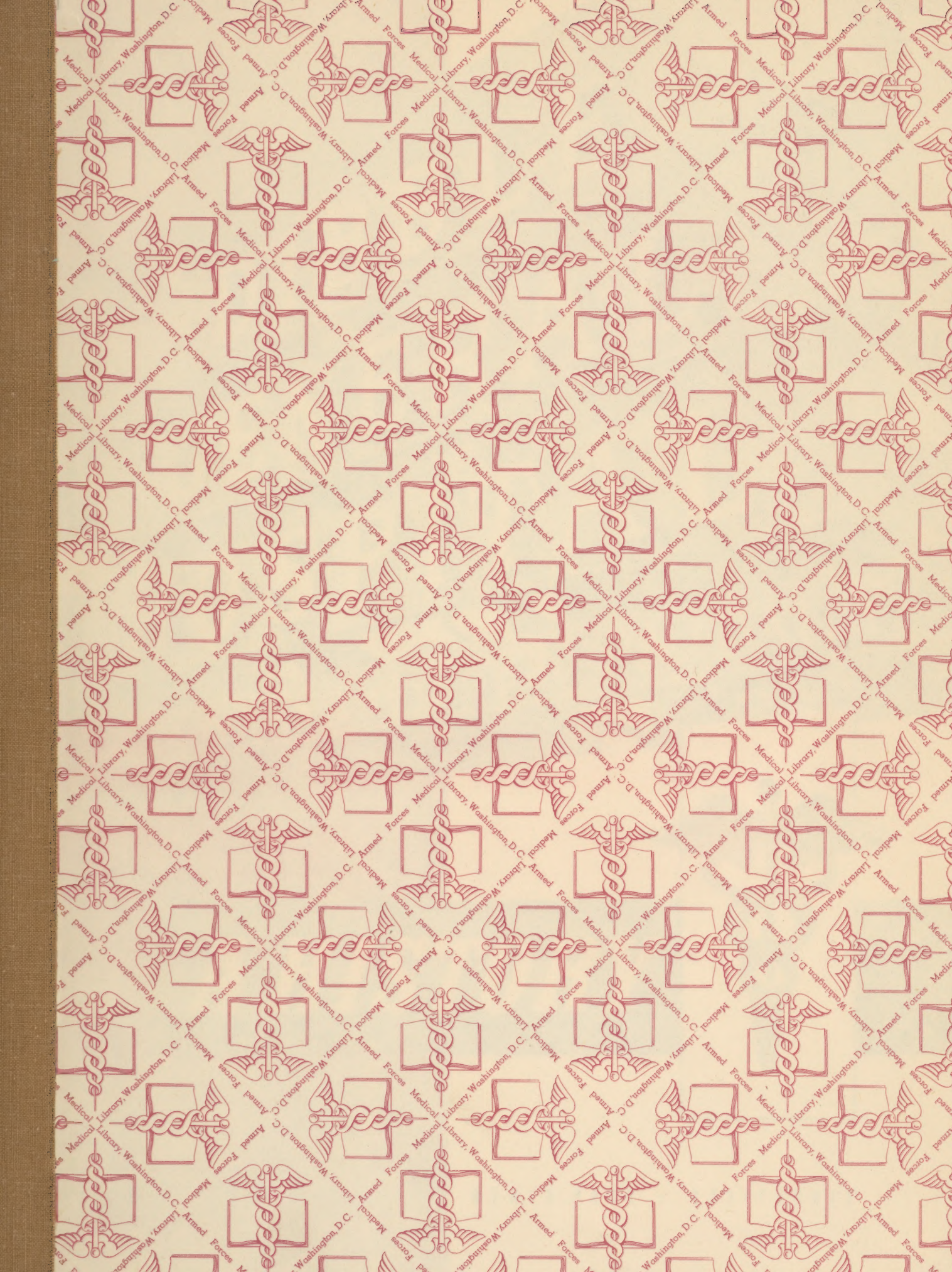
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DIBBLE GENERAL HOSPITAL

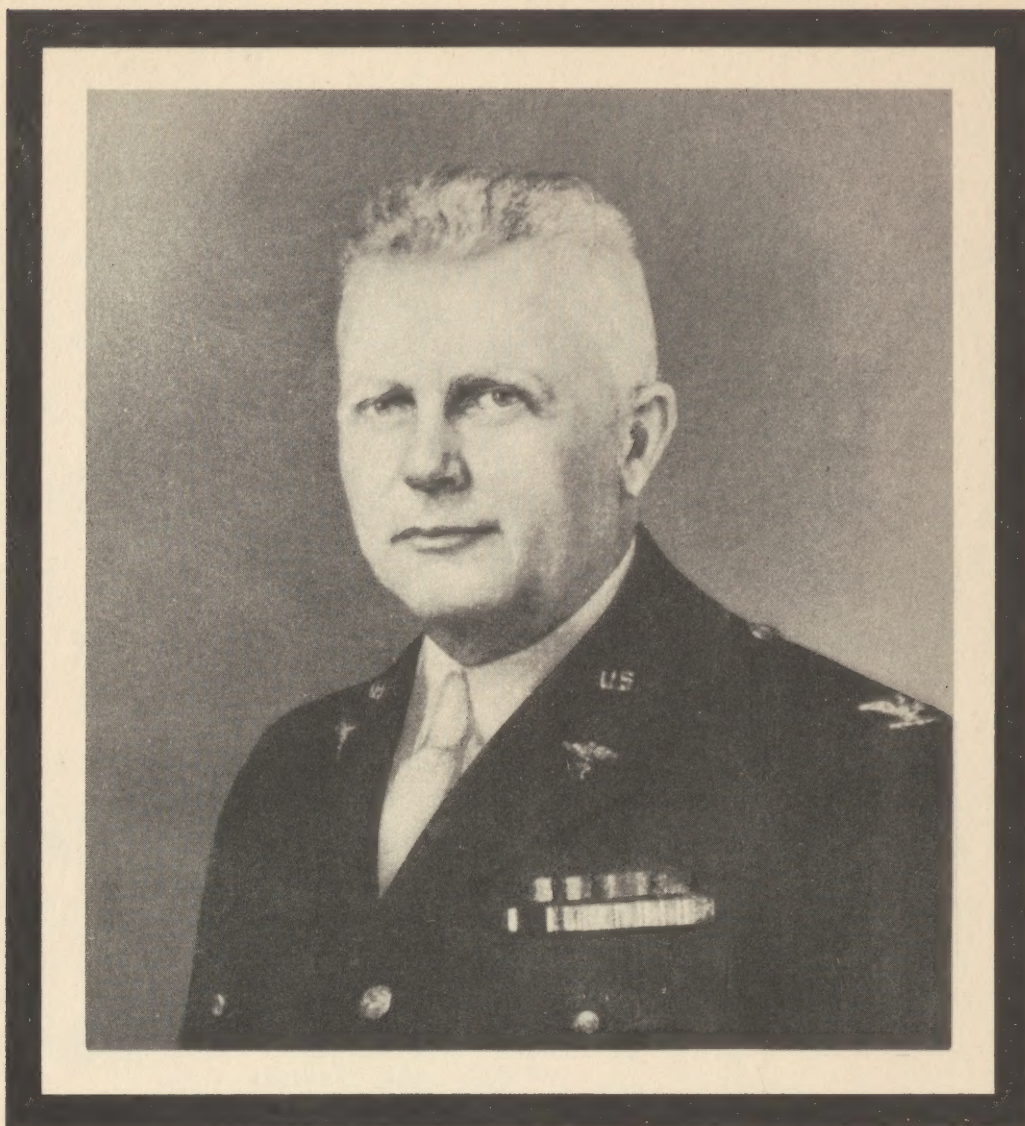
VISITING HOURS 2:04-6:10 8:30 P.M. DAILY

A HISTORY



DIBBLE GENERAL HOSPITAL

MENLO PARK • CALIFORNIA



The naming of Dibble General Hospital is a memorial tribute to one of the first high ranking officers to lose his life in the Pacific war. Col. Dibble of the Army Medical Corps lost his life on a plane that vanished en route to the South Pacific in the spring of 1942. He had held commands in this country and abroad since World War I. He received his medical training at the University of Pennsylvania, graduating in 1915. The first commanding officer of this installation, Col. Allen, also graduated from the same medical school, and our present commanding officer, Col. Streit, was a personal friend of Col. Dibble's, having served in Manila in 1930 with him.

FOREWORD



Dibble during the years of its short existence has added a bright chapter to the outstanding accomplishments of the Army Medical Department under the leadership of Major General Norman T. Kirk. This history of Dibble has been written as a small memento to the work accomplished by this facility and its fine staff.

To our military and civilian personnel and to our associated workers of the American Red Cross and the many voluntary groups who have so ably assisted in the care of our patients, I wish to extend my sincere appreciation for their loyalty, enthusiasm, cooperation and devotion to duty.

To the 16,000 patients who passed through Dibble's doors and who have been our strongest supporters I wish you well.

To the sick and wounded patients who will require further surgery, I extend my best wishes for a speedy recovery.

A handwritten signature in dark ink, reading "Paul H. Streit". The signature is written in a cursive style with a large initial "P".

PAUL H. STREIT

Colonel, MC, Commanding

May 8, 1946

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COMMANDING OFFICERS

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Col. W. H. Allen, MC



Col. William P. Corr, MC

EXECUTIVE OFFICERS



Lt. Col. T. W. E. Christmas, MC



Lt. Col. Howland A. Gibson, MC



Lt. Col. R. R. Brady, MC

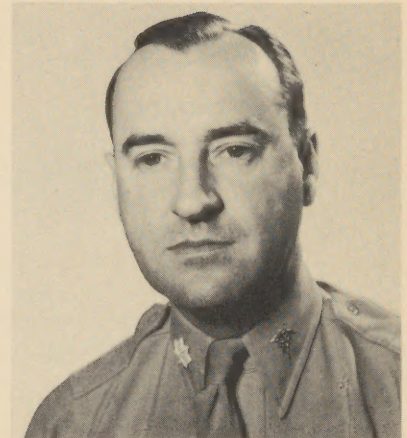
HEADS OF SERVICES



Lt. Col. Maurice A. Walker, MC
Director, Professional Services



Maj. Lloyd W. Robinson, MC
Chief, Medical Service



Lt. Col. Walter B. Macomber, MC
Chief, Plastic Surgery Service



Lt. Col. Maurice M. Pike, MC
Chief, Orthopedic Service



Lt. Col. Phillips Thygeson, MC
Chief, Eye Section



Col. Wm. D. White, DC
Chief, Dental Branch



Lt. Col. Donal R. Pratt, MC
Chief, Hand Section



Maj. Robert A. Wetzler, MC
Chief, NP Section

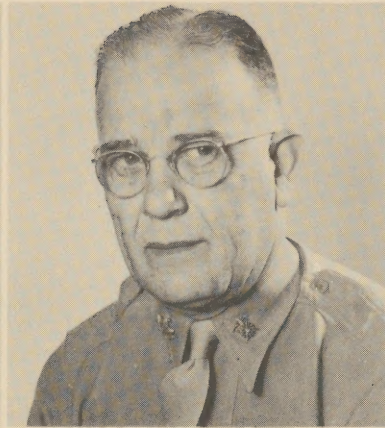


Maj. Bernard Cunningham, MC
Chief, ENT Section

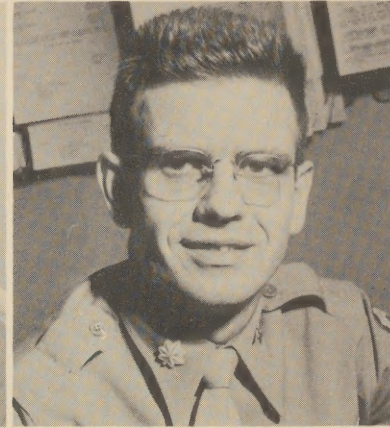
HEADS OF SERVICES



Maj. Vincent A. Crofut, DC
Chief, Oral Surgery



Maj. Edward S. Curtis, QMC
Post Quartermaster



Maj. Gerald E. Geise, MAC
Post Adjutant



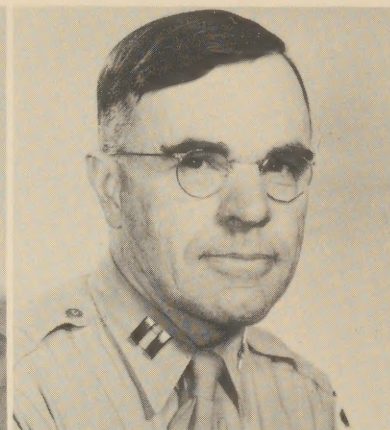
Maj. Margaret P. Hession, ANC
Principal Chief Nurse



Capt. Catherine Wallace, PT
Chief Physical Therapist



Maj. Wm. H. Eaton, Jr., CE
Post Engineer



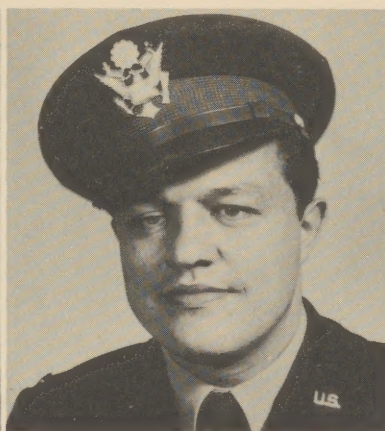
Capt. Charles Hussey, Inf.
PX Officer



Lt. Donald L. Linder, AUS
Special Services Officer



Lt. Bryce O. Atwood, SC
Post Signal Officer



Lt. Charles Ferderber, MAC
CO, Enlisted Detachment



Lt. Pearl Fuchs, WAC
CO, WAC Detachment



Mrs. Martha Barrows
Director, American Red Cross



THE PHYSICAL GROWTH OF DIBBLE GENERAL HOSPITAL

*U*ntil the month of September, 1945, when the House of Representatives passed legislation authorizing annexation of the hospital by the City of Menlo Park, our \$8,000,000 hospital was a colorful city between two cities. It was built on the 127 acres of the old Timothy Hopkins estate, one mile north of Palo Alto, California. The southern boundary is marked by the San Francisquito Creek. Middlefield Road, on which the hospital fronts, traces the eastern limits of the site, and Ravens-

wood Ave., beating back in a northwesterly direction to the bending channel of the creek, gives a rough parallelogram to the shape of our city. The City of Menlo Park is one-half mile from the hospital.

This site was chosen because of its proximity to San Francisco, into which port was brought a good share of wounded men from the South Pacific. In addition to its geographical advantages the site also offers ideal climate where the sun provides an



We came in with the first load of bricks. Hyar they are!

all-year tonic for the patients. The California sunshine and year around outdoor living play a great part in the design of the hospital. There was nothing G.I. about the appearance to greet the wounded soldier. From hospital train windows patients arriving got a lift just from the first glimpse of the attractive hospital and grounds.

The buildings are low and graceful in their setting. The architecture is of colonial design, being earthquake proof and fire resistant. The use of pastel colors on the exterior of the buildings has turned an Army installation, with its usual olive drab and ugly camouflage colors, into a gay city. Pink, green, and apricot with contrasting trims

Dibble General Hospital was activated as a U. S. Army General Hospital by Section LV General Orders No. 96, Hq. Ninth Service Command, Ft. Douglas, Utah, August 15, 1943.

Ground for the hospital was broken on June 15, 1943, and on June 18th the cornerstone was laid. On the activation date, construction of originally planned buildings was complete and 62 buildings were in place.

The first C.O., Col. Allen, assumed command August 17, 1943, reporting from Hoff General Hospital. Three days later Lt. Col. Christmas reported and, with the Medical Supply Officer, Major Webber, was the third regular assigned officer on post.

August 26, 1943 was the big day when the name of Dibble General Hospital appeared on War Department orders for the first time.

were used for the exterior of wards, and the interior reflected the warm outside colors but not as intensely. Light yellow was used in the wards, green in the clinics, light pink in the mess halls, gray in the administration buildings, and peach for the nurses' quarters.

In September, 1943, the administration building was ready for occupancy and the fire department was set up. Incidentally, the fire department should take a bow. The total fire loss since the opening of the hospital has been less than any in the Ninth Service Command. The administration building has been referred to as the "central nerve center" of the hospital. It is necessary for all phone calls, messages and orders to clear through here before being carried by many "antennae" to the far reaching buildings on the grounds. The administration building is flanked on either side by officers' and nurses' quarters. To the left and right and directly behind the administration building are "ranks" of functional units built in a square pattern of streets. Grouped in the center of the wards, barracks, officer quarters, and clinics is the patients' kitchen and mess hall—a giant structure 300x600 feet and covering 4½ acres.

By the end of 1944 in addition to these buildings, the natives saw also the birth of a new gymnasium, central service building, Occupational Therapy clinic in the N.P. section, two small gate houses at either gate, and additions and improvements to the post exchange. The Douglass estate was opened on November 18, 1944. Patients were accepted there for reconditioning and convalescence. Approximately 100 beds were available. The patients helped with further beautifying of the grounds and buildings. A bowling alley was constructed and installed by the patients themselves. Busses ran regularly bearing the patients to the hospital, so that they didn't feel isolated at all.

Major Eaton, Post Engineer, was one of the first officers to brave the dust and mud in the early days of Dibble. He is still with us and has continued to find ways of improving the appearance of both the buildings and the grounds. When the first patients arrived, construction work was still going on and nothing at all had been done to the grounds and

bare buildings. It took almost a year before the Kikuyu grass planted in 1944 established itself with complete ground coverage. The post engineers were able to present a park-like picture of our installation by working with the pre-existing gnarled oak trees and shrubbery, together with many trees and shrubs which were donated by garden clubs and local citizens, and in planting 400 additional trees and 2,000 shrubs. The present commanding officer devoted much time to beautification of the grounds.

In February of 1944, Col. Allen became president of the General Dibble Railroad with the com-

Top: Who's complaining about housing conditions? Try finding the upper story, row four, bed forty-four on a dark night! EM Detachment was billeted in gym in early days.

Bottom: Douglass Estate—the boys kept in condition by landscaping and sweeping the huge floor space.





Chow line.

pletion of spur tracks, which made the terminus a storage center for all hospital trains in the Northern California area. He was presented with a "gold spike" and a pass good on any railway line.

The last two months in 1943 saw the arrival of Capt. Irene Bukky, the chief nurse, and the commanding officer occupied his office for the first time. All was made official by the first raising of the flag on the pole in front of the administration building on December 1, 1943.

Prior to the arrival of the first combat wounded on February 22, 1944, ASTP students from Stanford had been hospitalized and were receiving the benefits from the new personnel and equipment.

Many members of the first convoy were veterans of the Munda campaign on New Georgia.

March 2, 1944, was designated as official dedication day. On that day Mrs. Mary Dibble presented a portrait of Col. John Dibble to the hospital, and on this day the first WAC officer was detailed as Assistant Adjutant, Lt. Pearl Fuchs.

On March 30, 1944, a second convoy arrived, and by Easter Sunday, April 9, 1944, things were really humming with the arrival of a third large convoy.

With an installation as large as this suddenly materializing in a community, there naturally came many problems to confront not only the citizens of

surrounding cities but also the patients and personnel at Dibble. The first was transportation. It was necessary to obtain a permit before any bus line could be established. At present, regular north and south bound bus service passes within a 1/2 mile of the hospital to points between San Francisco and Southern California. Also, four Greyhound busses pass the front gate daily on their regular north and south runs, and local bus service is available to Palo Alto, Menlo Park and Redwood City at intervals of twenty minutes during the day.

Lack of housing became a desperate problem. A campaign was begun to urge people of surrounding communities to open their homes to personnel and families of patients. Such things as "If you have a vacant room, rent it," or "We were pleased when the government decided to build in San Mateo County—now we just can't sit by and wait for something to happen!" could be heard on every street corner and seen in every paper. As a result, a housing office was opened in each of the three cities immediately involved, and the situation was eased considerably.

Also, about the time the hospital was ready to open, America was having its greatest employment

problem and it became necessary to urge all those who had the time and ability to come to work at the hospital to keep it going.

Although 17 plastic cases arrived in April, 1944, and three blind boys arrived the latter part of May, this hospital was not officially designated as a specialty center until August, 1944.

From this time forward the hospital grew by leaps and bounds, occasionally breaking out at the seams, and it became necessary to convert the original Enlisted Men's barracks into wards and reduce bed space. The first 10,000 patients were received by June, 1945.

Col. Paul H. Streit came to Dibble in June of 1945. He relieved Col. W. P. Corr, the then acting commanding officer, Col. Allen being ill at that time. Col. Corr was commended by Col. Streit for the efficient manner in which he accomplished his duties during the critical interim time. Col. Streit had a very colorful career in the Army Medical Corps, having graduated from the University of Texas Medical School in 1916. In 1917 upon completion of his internship he received a commission in the Medical Corps, spending three years overseas during World War I. After extensive postgraduate study in Ear, Nose and Throat both in

Telephone Center handles that important call.





One of the many patients arriving by the back door of Dibble. Directly from the hospital train into bed for him!

Europe and in New York, he engaged in practice of this specialty in various hospitals in the Army. At the beginning of the war, he was chief of the service at Letterman General Hospital. He came to Dibble right from a tour of duty in Hāwāii where he first commanded the 147th General Hospital and later served as Surgeon, Central Pacific Base Command.

Among the additions to greet the patients in 1945 were a swimming pool, a new Eye Clinic, a new library building, a bowling alley, and a new telephone center. There were also many improvements to existing facilities such as installation of temperature control equipment throughout the

hospital, air-conditioning of operating rooms, conversion of a warehouse for Occupational Therapy and photographic laboratory, construction of additional facilities for the dental laboratory, remodeling of the orthopedic brace shop and installation of shoe machine.

Among its other services to the patient the hospital added a separation center which opened officially on the 12th of September, 1945. This was done to expedite discharges for the Medical Detachment and patients who went out on point and age discharges. It was closed in December after 1,345 G.I.'s and 185 officers and nurses had left the hospital wearing their ruptured ducks.

EYE SECTION

Since June 10, 1944, when Dibble General Hospital was designated as a center for ophthalmic surgery and the blind, the eye section has been a focal point for both superior medical treatment and for outstanding research and procedure developments in ophthalmology.

Under Lt. Col. Norman Cutler, Chief of the Service, the eye section was organized and developed as a three-fold program consisting of blind rehabilitation, medical and surgical ophthalmology and the plastic eye laboratory.

Many of the patients treated here had eye injuries which necessitated enucleation. Therefore, under the request and supervision of Col. Cutler, work was undertaken on an implant which would impart increased movement of the artificial eye. At first, this took the form of basket implants which were completely covered by the tissue of the socket. These were being used successfully by the early spring of 1945. Later, a new type of implant (the door-knob) was perfected giving positive movement over a range of from 65 to 75 degrees.

Exemplifying the expansion of the section was the new eye clinic considered one of the best in any semi-permanent installation in the Army. Since May, 1945, combat and non-combat casualties, and occasionally, veterans have become intimately acquainted with its two operating rooms, examining and refracting rooms and offices. One piece of equipment, unique in Army hospitals, yet found in this completely modern clinic, is the gonioscope, useful in certain types of surgery, and accredited by the surgeons here as having saved several eyes.

In June, 1945, the eye section reached its peak with a patient count of 758. During that one month there were 1,890 eye clinic visits and 81 operations were performed. About half of these operations were plastic procedures which indicates long hours spent in surgery. Enucleations accounted for 16 of the operations, linear cataract extractions for five and removal of corneal foreign bodies and of intra-ocular foreign bodies for six.

During this busy month, the Optician's report shows such items as 244 refractions, 210 adjustments and 90 spectacles ordered, indicating that they too were feeling the pressure of this heavy patient load.

Col. Cutler had received extensive training in eye plastic procedures while a resident in service of Dr. John M. Wheeler of New York. With the cooperation of Col. Walter Macomber, Chief of the Plastic Section, other surgeons in the eye section were trained in such plastic procedures around the orbit as full thickness grafts, skin flaps and mucous membrane grafts.

NEW PROCEDURES DEVELOPED AT DIBBLE

1. Fascia lata transplant to correct sinking in the upper lid fold after enucleation (over 150 cases).
2. Basket-type implant in enucleation (over 100 cases). This gives better movement of the prostheses.
3. A combined skin and mucous membrane flap for correction of large defects of the upper lid.
4. Dermal implants to fill out deep sockets instead of glass, plastic, etc.
5. Plastic plates to fill in fractures of orbital floor.
6. H-plastic procedure for lengthening of orbital floor.
7. A new type implant giving positive movement of prosthesis over a wide range (65 to 75 degrees).
8. Transplantation of human vitreous in cases of persistent vitreous hemorrhage. This has resulted in markedly improved vision in certain cases in which there has been no previous method of treatment.
9. Tantalum plates for reconstruction of orbital rim.



Left to right: Capt. Thomas M. Van Bergen, Lt. Adrienne M. Dubuc, Lt. Charlotte Mueller, Lt. Col. Phillip Thygeson, Lt. Harold F. Hoblit, Capt. Ulrich A. Fritschi, Capt. Crowell Beard, Lt. H. Ross Merrill and Lt. R. E. Teitgen. Those not present include Lt. Col. Norman Cutler, Maj. Wilfred Clark, Maj. Danial Snyder, Maj. Gordon L. Witter, Capt. Donald N. Ball, Capt. Weldon O. Murphy, Capt. Anthony J. Barranco, Lt. Herbert A. Conner and Lt. Constantine R. Bricca, Jr.

Honor came to Dibble on September 8, 1945. in the guise of a War Department order, establishing this hospital as one of the two centers in the country for corneal transplants. This technical and delicate operation involves removing a diseased or injured non-transparent portion of the cornea of the eye and the transplanting of a new healthy section taken from an enucleated eye whose cornea is normal.

Pyro-therapy, using light cradles rather than the hypertherm, is another treatment used only at Dibble and at Valley Forge General Hospital in Phoenixville, Pennsylvania. This use of fever therapy for certain types of eye infection has given outstanding results in otherwise unsuccessful cases.

Dr. Frederick C. Cordes of San Francisco, Professor of Ophthalmology at the University of California, made frequent trips here in a consultatory capacity. Other San Francisco physicians were also called from time to time as consultants. Through the courtesy of Dr. Cordes, the facilities of the

University's eye department were freely available to the hospital.

The San Francisco Round Table, an eye society, recognized Dibble by twice meeting here. Both times, the program was presented by the doctors of the Eye Section.

In November, 1945, Col. Cutler, Captain Benjamin O. Souders and Major Gordon L. Witter attended the Army Conference of Ophthalmology held in Cleveland, Ohio. Important surgical contributions were made by this group from Dibble.

Following Col. Cutler's return to civil life, Lt. Col. Phillip Thygeson, formerly Chief of the EENT Service at Valley Forge General Hospital, was transferred here February 26, 1946, as Chief of the Eye Section. Before he was commissioned in the Army, Thygeson was a professor of ophthalmology at the College of Physicians and Surgeons at Columbia, New York.

Under his guidance, the Eye Section has continued to administer to the patient's medical and surgical needs in an outstanding manner. The treatment received by the three thousand and fifty-three patients who were admitted to the eye service through March of 1946 creates striking proof of the abilities and energies of the entire medical staff, nursing staff and enlisted personnel working on this service.

BLIND SECTION

Submerged in darkness, the newly blinded soldier must face, in addition to his physical condition, the maze of superstitions, fears, and emotions which have long been associated with the term "blind." He faces a period of readjustment when he must learn to walk again without the aid of sight. To assist these soldiers, by preparing for their homegoing, equipped with a sensible plan for employment or continued training and to teach them to be useful and to enjoy life through a knowledge of their own interests and abilities and a readiness to fit with self-reliance into their communities, is the aim of the Blind Rehabilitation Program set up by the Army.

On August 16, 1943, this program was organized at Letterman General Hospital in San Francisco, California, with one blind patient, Pvt. Walter G. McMullin, enrolled. Mr. John R. Milon, a blinded veteran, was appointed as Consultant and did all the instruction work, including orientation and braille until a blind braille and typing instructor joined the staff two months later. The program was organized informally, and few classes were scheduled. The program included not only hospital orientation, but orientation in the residential and business districts of San Francisco as well.

There were five additional patients and one new staff member included in the program by June 1, 1944. On that date they gathered up their four typewriters, two braille writers, three talking book machines, and braille slates and moved to Dibble.

War Department Circular 235 stated in concise military terms that on June 12, 1944, Dibble General Hospital was designated as a blind center. Envisioned within this order was a comprehensive and diversified program enlisting the assistance of specialists in the fields of medicine, blind orientation, recreation, and education. Working in a relatively new field with no supporting precedents for group orientation of blind adults, much of the pro-

gram work in these early months was experimental.

By July, 1945, the program had mushroomed into its full growth with a peak load of 160 patients. Pvt. McMullin and his buddies had eight braille instructors and counselors, two typing teachers, a sports instructor, two Occupational





Therapists, three Red Cross workers, a music instructor and 24 orientators with a total staff of 54 to assist them with their rehabilitation. A new building adjacent to the blind wards now provided an ideal physical set-up for offices, teaching rooms and shop facilities.

Lt. Harold F. Hoblit, formerly with the California School for the Blind, was transferred to Dibble on September 21, 1945. As Administrative Director for the Blind Program, he coordinated this multiphased program into a well integrated plan.

Rehabilitation emphasis was placed on the development of self reliance, on general orientation to blindness, on the emotional acceptance of its limitations and on the development of new skills. The learning of daily problems of walking, shaving, eating, smoking, maintaining proper posture, facial expression and personal appearance was stressed.

Medical and rehabilitation aspects of the work with the blind are inseparable but had to be administered and carried out by separate staffs. The medical officer's diagnosis and plan for treatment was one of the vital factors in determining the speed and type of rehabilitation which could be best utilized by the patient. Weekly staff meetings were held with the aim of perfecting the program and the integration of its many parts. New patients were discussed and the progress of old patients reported. Orientators, who were enlisted personnel with special aptitudes and interests in rehabilitation instruction, received a formalized and complete course of training. Regular meetings were held also with the orientators and the instructors.

From all theaters of the war and all branches of the Army, officers and enlisted men, blinded by machine gun bullets and grenades, by Lad Saki and prison mal-nutrition, have been sent back to the

Top: A blind "student" is aided in his college homework.

Center: Learning to dial—Braille fashion.

Bottom: Getting the feel of his ward.



Typing lessons for the blind.

Army Blind Centers for medical care and rehabilitation. Depressed and often bewildered, shut in by darkness, the new patient arrived on Ward 11 of Dibble General Hospital.

Here, the patient first meets the Blind Consultant, Mr. Millan. He is given a general outline of the blind rehabilitation program established for the patient and veteran. This interview also gives him the needed chance to discuss his feelings about his blindness.

Another new voice heard by the patient this first day at Dibble is that of Staff Sgt. Bill Westcoat, formerly with the Missouri State Commission for the Blind, who tells him the daily orientation routine. He is in charge of the actual duties of the orientators and assigns an individual orientator to the patient. However, as friend and chief orienta-

tor, Sgt. Westcoat keeps in close contact with the patient throughout his stay at Dibble.

Personal orientation, including eating, personal hygiene and care and wearing of clothing, begins immediately. The patient finds that dinner, served in an orderly clockwise arrangement on his plate, need no longer be a jumbled confusion of tastes. When his physical condition permits, the patient is orientated to his cubicle and then to his ward. He is aided in this by small models made accurately to scale, which give him a mental picture of the physical plan. He learns to use a cane as a bumper for protection rather than as a probe. After he is orientated to the hospital, he can enjoy the independence he has gained for traveling to the Mess Hall, Post Office or Recreational Building—alone.

The patient is meanwhile learning to use such aids as his sense of smell which helps him identify



War blinded patients learn new skills in the O. T. Shop.

the mess hall, his sense of hearing by which he can detect and judge his distance from hallways, doorways, walls and moving objects, and his kinesthetic sense, muscular memory, which aids him in determining floor and sidewalk materials and terrain deviations. He also learns the value of such mechanical devices as the telescoping cane which was developed here. Made from aluminum tubing, it weighs only 6½ ounces and can be extended to 42 inches for use out-of-doors in areas unfamiliar to the patient, or can be shortened to 36 inches for use indoors.

With the use of such aids, the patient is oriented to residential and then to business districts. He learns traffic, both pedestrian and vehicular, street crossings, approaches to curbs and how to follow sidewalks. He learns that a sidewalk slopes toward the curb, that streets hump in the middle, and that sound is dead next to the wall, and hollow away from it.

In these ways, the patient learns to utilize his remaining senses of touch, smell, taste and hearing and to use muscular sense, object perception, and balance to replace his lost vision. Throughout these months, his orientation has been only one part of the total program of rehabilitation.

As soon as he expresses a real interest, lessons are scheduled for the patient in such substitutive skills as typewriting and braille. He learns to type his own letters and to tell time with his braille watch. Soon after his arrival to the hospital, he is given a radio and a talking book machine on which he can play Zane Gray or Shakespeare as his choice dictates. These give him a new independence and a means of expanding his interests. An extensive braille and talking book library is available for him.

The blind patient does have adjustment problems. A Red Cross psychiatric social worker makes daily ward visits to help the patient face these problems. It is the opinion of the workers on the program and of qualified visitors that the morale of the blind patients as a group is excellent. The new patient soon meets Pfc. Leland Bass, a self-appointed morale builder on the ward. Wounded by a sniper's bullet on D plus four while fighting



Fritz Wilcox gives a blind captain a lesson in golf.

the "Battle of the French Hedgerows," he came to the hospital blinded, but while here, regained some sight in his right eye. The staff and patients agree that during the 18 months he was a patient here, Bass was of immeasurable help to the patients, as he quietly and efficiently doubled as Chaplain, orientator, trouble shooter, recreational organizer and friend.

One of the outstanding features of the Blind Program is the variety of shop work and shop facilities available. Under the able hands of a trained instructor, Occupational Therapy is translated into beautiful hand-tooled purses, woven rugs and jewelry. The work in the shop is arranged so that each patient can do practically all the work on the craft project he has chosen. Linoleum block forms allow him to work out an individual design for fancy leather work.

Another field reopened to the blind patient through a trained instructor is sports. Old skills can be regained and improved and new ones learned. The patient can engage in swimming, bowling, golf, and boating. Tandem bicycling and

semi-weekly horseback rides rate high on the list of favorite activities. If the patient's interests turn to the arts, he can take daily music lessons from the special instructor assigned to the program, or the Arthur Murray dancers can teach him to waltz or rumba.

Inasmuch as this program is designed primarily to rehabilitate the newly blinded, great stress is placed on social activities. A Red Cross recreational worker schedules a full program of dances, parties, picnics, fishing trips, hayrides, and athletic events. The patient is given frequent opportunities to go to concerts and plays in the city. A nightly coffee hour on the ward has become a tradition as has the bi-weekly Baxter Dance. Also, such equipment as braille cards and dominoes are provided to encourage the patient to participate in the everyday recreational activities in which sighted persons engage. As he becomes more adjusted to his blindness, the patient enters more

activities scheduled in the general recreational hall where he participates with sighted patients.

The Gripe Session, held three times weekly, provides a healthy outlet for G.I. gripes. Careful consideration is given to all complaints. Also featured as entertainment during these half-hour sessions has been the music of a three piece blind patients' orchestra.

When their medical treatment is completed, those patients who can profit from further rehabilitation are transferred to Old Farms Convalescent Hospital, Avon, Conn. There, they take a 16 week course of advanced orientation and vocational training to prepare them for civilian life.

When patients like Pfc. McMullin, who transferred to Avon in December, 1945, and Pfc. Leland Bass, who was discharged in April, 1946, leave Dibble, their adjustments to their handicap testifies to the success of the Blind Rehabilitation Program.

Ward entertainment comes to the blind.





Col. William D. White, Chief of the Dental Clinic, rolls his portable dental unit to the patient's bed.

DENTAL CLINIC

Since the arrival of the first Dental Supply Officer at Dibble on December 14, 1943, the Dental Section has been continually expanding. Eleven operation dental units and one X-ray unit had been installed by January when, with two dental officers, the branch began functioning. In July, 1944, Colonel William D. White was assigned to Dibble as Chief of the Dental Branch.

During this first year, the Dental Branch was organized into three sections, namely: the Oral Surgery, the Operative and the Prosthetic. This latter section was in turn divided into three sub-sections which carried on the construction of routine dental appliances, Maxillo-Facial stabilizing appliances and plastic eyes.

The growth of the hospital resulting from the influx of battle casualties was reflected in the expansion of the Dental Branch in 1945. Early in the year, work was facilitated by the installation of the Oral Surgery and Maxillo-Facial Section which eliminated traffic in the main clinic to a great extent. A Hygiene Section was established on account of insufficient space in the Dental Clinic proper in the building which houses the E.E.N.T. clinic. It was staffed by two hygienists

and was equipped with two complete units. The dental laboratory itself was modernized by the addition of steam tables, and other improvements which greatly facilitated the work in constructing Dental appliances. New additions were also made for storage space and new items of construction were added throughout the clinic which served to eliminate all tables and objects which ordinarily occupy floor space. Improvements were made in the three clinic rooms assigned to the prosthetic officers, and a special laboratory was maintained for the use of those technicians serving in the Maxillo-Facial Department, which had been re-organized as a separate section of the Dental Branch and which had formerly been occupied by the Plastic Eye Section. The Maxillo-Facial Section, headed by Capt. Stanton R. Burns, and the Oral Surgery Section, under the direction of Capt. William McCarthy served together as a unit of the Plastic Maxillo-Facial team. One of their outstanding accomplishments was the development of the wing type screw lock splint stabilizing fractures associated with Maxillo-Facial injuries. The work accomplished by these two officers is outstanding in the treatment of approximately 600 cases.

SUMMARY OF PROCEDURES

DENTAL CLINIC

Examinations	13,824
Sittings	72,671
Dentures, Full	404
Dentures, Partial	1,238
X-Ray Exposures	25,465
Amalgam Fillings	16,102
Silicate Fillings	3,540
Inlays and Crowns	490
Bridges, Fixed	258

MAXILLO-FACIAL SECTION AND ORAL SURGERY

96 Bone Grafts to Mandible	
600 Examinations for Fracture of Mandible	
340 required reduction	
250 treated by cast silver splints for reduction, remainder were controlled by wiring	
58 Cases of cysts of the Mandible or Maxilla	
80 Cases of antral, stomato oral or nasal fistulue	
7,434 Teeth extracted	

In 1944, one small room in the clinic had been converted into a special laboratory and here, under the supervision of Col. White, ground work was laid and work began on the plastic artificial eye. Later with the arrival of experienced trained dental officers and enlisted technicians, work was rapidly expanded. Dental acrylic resin, rayon thread "veins" frayed realistically into the eyeball, hand painted irises locking oil paints under the surface in a plastic button founded the basic principles of the plastic eye. To the blind in one eye patient, this eye represents an escape from disfigurement, from wearing a patch or a staring, breakable glass eye. More than 1,600 plastic eyes

have been constructed by the prosthetic plastic eye laboratory. In 1945, the Plastic Eye section, headed by Captain Arthur L. Lundbland, was transferred from the Dental Branch to that of Ophthalmology, although dental personnel were used exclusively. Later, Captain Stanley F. Erpf arrived to take charge of this department. Capt. Erpf, later promoted to the grade of Major, received the Legion of Merit for his outstanding work in developing the plastic eye. He was a pioneer in this field having supplied many technical details in its development. Early in 1943, he and Col. White, then Chief Dental Surgeon of the European Theater of Operations, founded the school which trained dental officers in the fabrication of plastic eyes. As the result of this school this work rapidly spread throughout the general hospitals in the European theater and later to many centers in the United States and the Pacific Areas.

Early in 1945, a museum was added to the Dental Clinic to store splints and other stabilizing appliances which were so successfully used in the treatment of Maxillo-Facial injuries in this hospital. These and other types of appliances kept there should be of great assistance as a future reference.

During the time the hospital contained its greatest number of patients, the Dental Staff consisted of 12 officers, two dental hygienists, 14 enlisted men, four WAC personnel and 14 civilian employees. There were more than 400 Maxillo-Facial cases on hand at this time, and one hygienist was exclusively assigned to caring for patients wearing splints and keeping them hygienically clean. In addition to this staff there were two dental officers and five enlisted technicians on duty with the plastic eye section. The combined efforts, coordination, and good will of this personnel directed towards a single goal has been outstanding in achievement.

Col. White was accredited with doing one of the outstanding technical jobs of the war, that of outfitting the African and European theaters with dental equipment during early stages of the war with Germany. Also, he designed the mobile dental units which proved of immeasurable value in

bringing dental service with modern equipment to patients in front-line areas and at small stations where dental facilities were not formerly available. In recognition of his service as Dental Chief of the European Theater of Operations from June, 1942, to June, 1944, Col. White, on September 27, was awarded the Legion of Merit. It was presented to him by Major Gen. Robert H. Mills, Chief of the Dental Division of the Surgeon General's Office in Washington, D. C.

In order to facilitate the dental work for patients who were confined to their beds for long periods of time, a mobile dental unit was especially designed by Col. White and built by the Engineering Department of this hospital. This unit is complete and embodies all the equipment, appliances and facilities available in the modern dental office. It can be moved directly to the patient's bedside and provide complete treatment. Regular dental chairs can also be installed on the unit, and the Dental Officer and his assistant can roll this compact modern office to the closed wards to give service to the patients there.

The moulages used for recording injuries and changes following plastic surgery and the Maxillo-Facial operations were due largely to the ingenious efforts of Major Jerome C. Strain. He devised the supporting table and a cooling system to facilitate and improve the production and technic of the facial moulages. This work was first done by the Dental Department, but later personnel was trained who carried on the work under the jurisdiction of the Plastic Surgical Service.

During the early months of 1946, a 16-mm kodachrome motion picture film was produced, directed and edited by the Dental Branch, assisted by Lieutenant Atwood, of the Signal Corp, showing the various types of splints and Maxillo-Facial stabilizing appliances in use at Dibble General Hospital. In addition a third reel was later added by the Plastic Service Section in which Lt. Col. Walter B. Macomber and his staff clearly illustrated their outstanding developments in this field of surgery. Thus the three reels combined the work of the two specialized fields in a noteworthy accomplishment.

ROSTER OF OFFICERS DENTAL CLINIC



Name	Rank
William D. White	Col.
William M. Hayes	Capt.
Jerome C. Strain	Major
Stanton R. Burns	Capt.
Howard S. Spicer	Major
Forrest L. Horner	Capt.
William D. McCarthy	Major
James H. Ragan	Capt.
Emile D. Mervy	Capt.
Richard L. Miner	Capt.
Murray Hoffman	Capt.
Howard S. Anderson	1st Lt.
Solomen L. Shore	1st Lt.
Stanley L. Stuttman	1st Lt.
Adrian N. Spitz	1st Lt.
William H. Trimble	Major
Joseph P. Osterloh	Capt.
Victor L. Beck	Major
Stanley F. Bogacki	Capt.
Howard J. Fondiller	1st Lt.
Grover C. Moss	Major
Elmer O. Hinman	Major
Vincent E. Crofut	Major
Hugh Brown	Capt.
Anthony W. Jacobs	Capt.

EAR, NOSE AND THROAT SECTION

Close integration of their work with that of other specialists in the various sections has furnished the keynote to the successful functioning of the Ear, Nose and Throat Section since it was first organized under Major Bernard P. Cunningham in April of 1944. Major Cunningham was transferred here from the 182nd Station Hospital in Italy where he was Chief of the Eye, Ear, Nose and Throat Section. A member of the American Board of Otolaryngology, he was with the Mayo Clinic at Rochester, Minn., prior to the war.

As increasing numbers of casualties from the battlefields of the South Pacific were flowing into the hospital, the amount of work demanded of the ENT clinic was correspondingly increased. This necessitated the enlarging of the clinic in May of 1945 and soon as many as 1,500 patients a month were being funneled through the ever-busy office and waiting room into the operating room, the soundproof room for hearing tests, or the clinic room which is equipped with two examining chairs. In addition to its routine procedure and treatment, the clinic is also equipped, with special instruments to enable it to do endoscopy including gastroscopy, examinations of the inside of the stomach.

In the summer of 1945, the ENT Clinic was separated from the Eye Section and set up as a separate section with Major Cunningham as Chief. In addition to the work carried on in the clinic, the section had a peak load of from 80 to 90 ward patients.

The Ear, Nose and Throat section has engaged in a valuable consultory service for the Plastic and Eye Sections and many patients on these two sections need preliminary work in the clinic. The ENT Section has also been active as a consultory service to other hospitals in this area. A variety of difficult and interesting cases have been handled here.

In addition to its medical functions the Ear, Nose and Throat Section has been selected to handle the technical work for the retirement board. Major Cunningham functions as recorder for the nurses retirement board and coordinator for the male officers retirement board. He is also a member of the Hospital Fund Council.

ROSTER OF OFFICERS EAR, NOSE AND THROAT SECTION



Name	Rank
Bernard P. Cunningham . .	Major
Jack E. Brooks	1st Lt.
Nathaniel Soifer	Capt.
Albert O. Zahn	1st Lt.
Clifton P. Arnold	Capt.
Thomas B. Daniel	Capt.
Samuel Palersky	Major



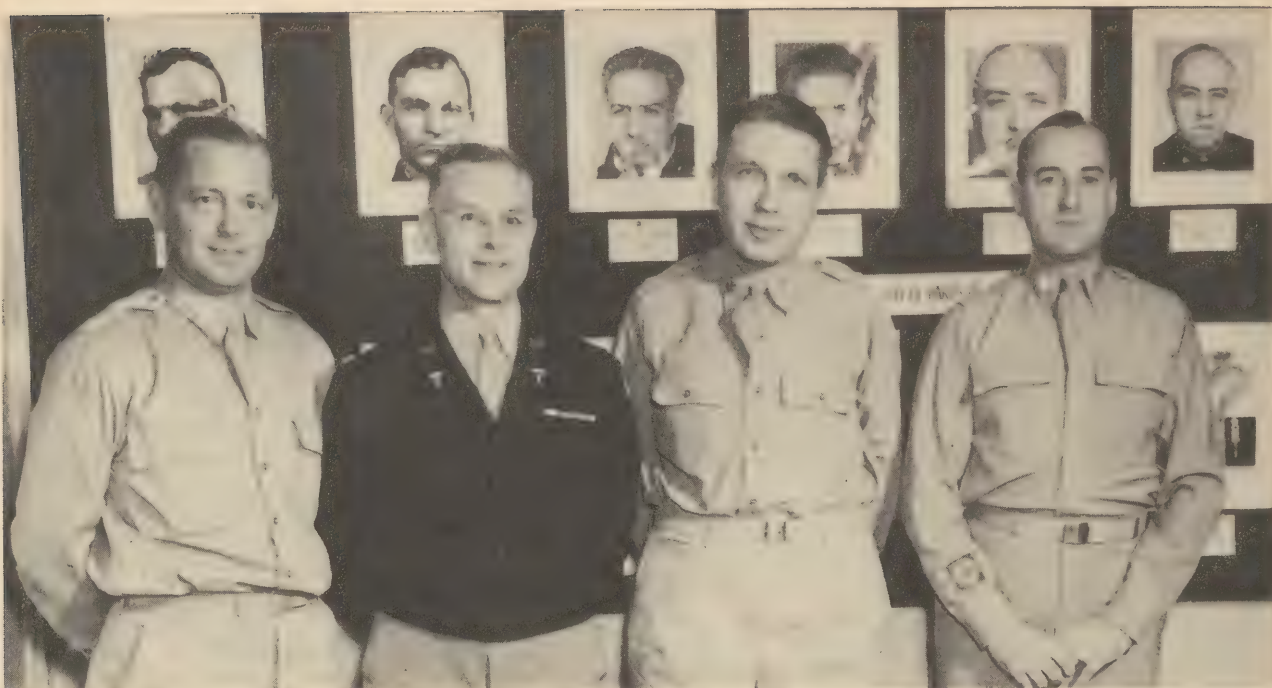
The "meat block"—presided over by Capt. Triolo and Lt. Bradley.

PLASTIC SECTION

Late in April, 1944, seventeen patients delivered by a convoy of ambulances from Letterman General Hospital formed the nucleus of the Plastic Service. Under the guidance of Lt. Col. Walter B. Macomber, Chief of the Service, who arrived on that date with the patients, the Plastic Service developed into an extensive unit, vital in its service of reconstructing faces and bodies marked by the disfigurement of shrapnel, fire and gunshot. Col., then Capt., Macomber brought to his assignment the experience of eight years in general surgery and five years of specialized plastic work. Major Henry S. Patton, at that time a first lieutenant with eighteen months' plastic training, was an able aide during those early days and the crowded months

that followed. One general surgeon completed the staff. Young surgeons were later assigned to the program and trained to do various plastic procedures. The section rapidly expanded and in August, 1944, Dibble was designated as a Plastic Center, one of three West of the Mississippi.

This service has worked in very close cooperation with the Orthopedic Service. A weekly plastic-orthopedic conference, conducted by the Chief of the Plastic Service, was inaugurated. The presentation of cases with combined problems from both services has eliminated both duplication of time and effort and afforded the patient an opportunity to express his feelings and desires in regard to his surgical future. In the spring of 1946, the



Chiefs of Services confer after weekly Ortho-Plastic Conference. Left to right: Lt. Col. Donald R. Pratt, Chief, Hand Section; Lt. Col. Maurice M. Pike, Chief, Orthopedic Section; Lt. Col. Maurice A. Walker, Director, Professional Services; Lt. Col. Walter B. Macomber, Chief, Plastic Surgery Section.

activities of the combined conference were greatly facilitated by the construction of a new conference room in the Plastic Section. The fine collection of moulages and photographs kept there depict both procedures and the patient's progress.

In February of 1945, the Hand Section was transferred to the Orthopedic Service. Prior to this time, some 300 cases had been handled by the Plastic Section. The Section continued to furnish all skin and subcutaneous tissue covering for all cases. Special techniques which have been worked out for tubed pedicles, direct pedicle flaps and flap shifts in hand cases have added to the success of further definitive hand surgery. The two services work in co-operation, and treatment throughout is correlated and streamlined to eliminate needless procedures so that the patient may sooner regain function of his hand.

To facilitate its work, the Plastic Section is divided into the following five subsections: Administration, Ward, Dressing Room, Plastic Laboratory and Maxillofacial. The Dressing Room

Subsection, growing in staff and scope from its inception on November 1, 1944, handles dressings for both bed and ambulant patients. Originally staffed by two nurses and an enlisted man, doing an average of 150 dressings a day, the department expanded to twenty-eight especially trained nurses, WACs and technicians working in four dressing rooms to handle an average of 700 dressings in a 24-hour period.

Under the direction of a Hollywood make-up artist, the Plastic Laboratory produces prostheses to cover unsightly defects of the face and hands while preliminary steps of reconstruction are being taken. With these prostheses to mask their defects, many patients who would otherwise be confined to the hospital for weeks or months by their fear of public reaction, are enabled to engage in normal social activities. Here, also, are fashioned the moulages of extensive defects of the body. In addition to this service, the Plastic Laboratory makes moulages to be used as a record of the patient's condition. The work of the Maxillofacial

subsection, which has also functioned under the Plastic Section, is carried out by the Plastic Section in co-operation with the dental surgeons. Much original work has also been achieved in the development and modification of appliances used in the difficult and tedious processes of reconstructing battle-shattered faces.

The multiphased plastic surgery treatment demands long periods of hospitalization, often with numerous operations and with occasional long delays for healing of scarred areas. During the early development of the Plastic Section, both officers and enlisted patients assisted nurses with the dressings, waited on fellow bed-patients, and helped orient new patients into the hospital rou-

tine. This same feeling of friendly co-operation continues to prevail on the plastic wards. Characteristic of the patient undergoing plastic surgery is T/4 Leroy Doolittle of the 756th Tank Battalion. Hit in Italy January 29, 1944, "Chief" sustained second and third degree burns of his hands and face. At the time of his arrival at Dibble, two weeks after the opening of the Plastic Section, his burns had healed with marked contracture of the scarred area. Although the prime objective of plastic surgery is to restore function, cosmetic repair is also important in preparing the patient for his return to his family and his social and business surroundings. Sgt. Doolittle had twenty-one operations during the two years he was

Col. Macomber demonstrates techniques in plastic reconstructive surgery.

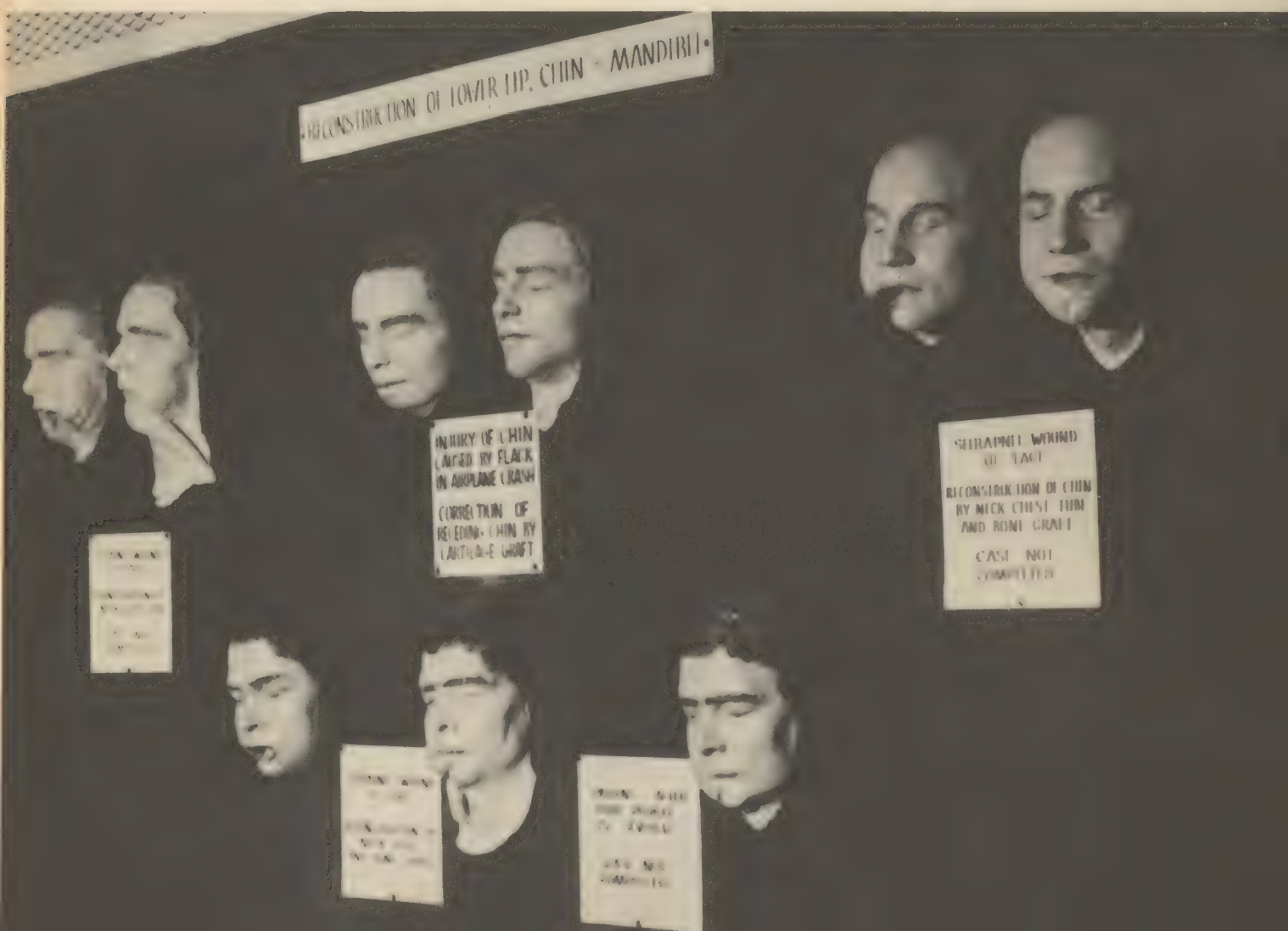




hospitalized at Dibble and still needs additional surgery. He has had thick split grafts applied to his nose and both eyelids, thick split grafts to his lips and chin, two pedicles to restore his chin, a Z plastic graft on his left hand and a thick split graft to his right hand. Also, his ears were reconstructed and eyebrow grafts were made from a section of the scalp. The use of neck tube pedicles such as those used to restore his chin, was furthered by techniques developed by the plastic surgeons at Dibble. Also popularized here has been the use of the thigh tube and of the split graft in the formation of tube pedicles. The use of the latter technique has greatly reduced the possibil-

Top: A corner of the Plastic Conference Room. Pictures and moulages are used to demonstrate plastic techniques to new medical officers.

Bottom: Moulage Panel in Orthoplastic Conference Room.





Front row, left to right: Maj. Henry A. Briele, Executive Officer; Maj. Francis X. Palatta, Lt. Col. Preston C. Iverson, Lt. Col. Walter B. Macomber, Chief of Service; Maj. Henry S. Patton, Asst. Chief of Service; Maj. Richard A. Shepard, Maj. Leonard R. Rubin. Second row: Lt. Casimer A. Zarzecki, Lt. James A. King, Lt. Paul G. Lukats, Lt. James L. Bradley, Lt. William T. Berkeley, Lt. Roy M. Peters, Capt. Jacob C. Lamp. Third row: Capt. John C. Trabue, Col. George L. Beatty, Capt. John V. Triolo. Lt. Col. Monroe K. Ruch and Capt. Alton B. Goldston are not present.

ity of infection forming in the pedicle. Another Dibble-developed technique is the grafting of large acute burns. Many have come to Dibble to observe the procedures and techniques which have been used and developed by the Plastic Section. The U. S. Naval Hospital at Oakland, Navy plastic center for the Pacific Coast, had found this hospital a rich source of knowledge in the surgery of numerous deformities.

Visitors, official and otherwise, have been extravagant in their praise of both the work and personnel of the service. In a personal tribute to Colonel Macomber, Dr. Jerome P. Webster, his former mentor at Presbyterian Medical Center, New York, and now Civilian Consultant to the Surgeon General's Office, made the statement at

a meeting of plastic surgeons in San Francisco, that the one ideal of a teacher is to have his student surpass him; and after seeing the presentation of cases at Dibble General Hospital, he felt that this situation indeed existed.

After his inspection of this hospital in the spring of 1945 Norman S. Kirk, Surgeon General, remarked that this was one of the finest plastic centers in the country. Dr. Robert Ivy of Philadelphia, Civilian Consultant to the Surgeon General's Office in plastic surgery, stated that he had never seen a better presentation and collection of plastic cases anywhere at any time. Even more satisfying and heartwarming are the letters from families of patients whose war-torn bodies have been restored by the miracle of plastic surgery.

A Photographic Record of the Miraculous Achievements M



Shrapnel wound of hand with abdominal tube pedicle.



Functioning hand after pedicle.



Shrapnel wounds of face and destruction of eyes.



Reconstructed face after pedicle and cartilage graft.

Wounds in Modern Plastic Surgery at Dibble General Hospital



Burns of eyelid secondary to airplane crash.



Reconstruction of upper and lower eyelids with full thickness grafts.



Third degree burns of lower extremities secondary to airplane crash.



Legs completely healed by skin grafts using special technique devised at DGH.



Dibble's dressing rooms are busy places as patients get bandages renewed and wounds redressed.

ORTHOPEDIC SECTION

*A*t its inception the Orthopedic section at Dibble was an orphan in a hospital particularly devoted to plastic and ophthalmic surgery. Because for many months there was no specific bed allotment for orthopedic patients in spite of the presence of several hundred patients for treatment. The growth of the service from December, 1943, to the latter part of 1945 is evidenced by the increase in the number of staff officers and of patients treated in that period. From a minimum of four officers and three orthopedic wards, the

section has increased to a maximum of 20 officers and 11 orthopedic wards. Lt. Col. M. M. Pike, the Chief of the Orthopedic section and director of physical therapy, was assigned to Dibble General Hospital in December, 1943. He came to Dibble with a vast amount of experience in orthopedic surgery. He graduated from Harvard Medical School and trained in orthopedic surgery in Boston, following which for a period of fourteen years he carried on a practice of orthopedic surgery in Hartford, Conn. During the year 1944, Col.

Pike, assisted by Capt. Clarence Luckey, was the only orthopedically trained member of the section. In February, 1945, a hand surgery section was established within the Orthopedic section, with the arrival of Lt. Col. Donald R. Pratt. He brought with him a fund of knowledge, as he was in the office of Dr. Sterling Bunnell prior to his entrance into service. Dr. Bunnell is the civilian consultant in hand surgery to the Surgeon General. The visits of Dr. Bunnell were not only stimulating to hand surgeons but also to the general orthopedists and

other surgical specialists. Throughout 1945 there was a tremendous increase in patient load, which reached a peak of 1,146 patients in the latter part of November.

Within the Orthopedic section are several closely integrated departments, all working for the benefit of the patients of the hospital. Among these may be mentioned the Brace Shop, Cast Room, Orthopedic Clinic, and its closely allied and adjacent Physiotherapy Department.

In conjunction with the Orthopedic service the development of the Cast Room and the Brace Shop has been of the utmost importance. The Cast Room was first located on Ward No. 3 and in the course of the last two years has been reestablished several times. It is now located on Ward No. 23, a septic orthopedic ward, where there are portable X-ray machines and a dark room provided. Under the Orthopedic Service, the Cast Room has been maintained by a group of technicians, enlisted men, who have been trained to apply splints and casts and maintain traction apparatus on the wards. These technicians also worked in the operating room to apply casts and splints immediately at the conclusion of surgery. Frequent changes of splints and casts are necessary, and thus a large part of the responsibility, in surgery and after operation, has been carried by this group of technicians.

Particular attention has been given to the manufacture locally of plaster bandages, which has provided a product much superior to that obtainable through commercial channels.

After a certain period of immobilization, when the bones have healed, casts are no longer indicated. There is a need for a flexible, pliable type of support. Consequently, the Orthopedic and Hand Service established shops to make splints and braces so that the injured parts might be treated between immobilization and mobilization. The Brace Shop has been a vital factor in the treatment of crippled legs, arms and hands, and has been operated by a group of highly specialized

technicians, trained in the building, construction, application, and fitting of splints and braces. The Brace Shop began to function on February 22, 1944, with the arrival of two orthopedic technicians. Two small rooms were allotted to the Brace Shop, but as the patient load increased additional personnel were assigned. Another room was made available to the shop to accommodate the shoe repair machinery which had arrived. As the work increased, further personnel were assigned and more space was made available. The shop now occupies the whole of the building originally designated as the occupational therapy shop, and its physical setup is a *model* for shops of this kind. The personnel at its peak rose to 16 men. Much research and experimentations were done on hand appliances. Several new splints have been developed in the brace shop at Dibble, such as the Knuckle-breaker, the Spring-wire Cock-up splint for the extension of fingers and wrists, and the Clock-spring type, all of which have proved extremely effective.

In June and August of 1945, two enlisted technicians were sent to the Boston Quartermaster Depot for a course in the fitting of custom made shoes for deformed feet by means of a new type cast making machine. Dibble was one of eight installations in the entire country. The orthopedic cast making machine will produce a model of a foot in minute detail in plaster. This cast is sent to the Boston QM Depot, where a wooden last is made, from which a shoe manufacturer will pro-



Enlisted technicians grinning with glee as they allow patient to wiggle his big toe for first time in months.

duce a shoe to fit. This service is open to the Army personnel, Navy, Marine Corps, Coast Guard and veterans for life. The patient load of the orthopedic brace shop has averaged 350 each month since its inception.

It has been recognized that the hand is of importance because it is vital to the manual worker for his livelihood and if injured his earning power is impaired. Of all our battle wounds seen in military hospitals, 75 per cent of them have involved the extremities, among which injuries of the hand are common. Since such an intricately perfected mechanism as the hand is vulnerable to injury, it is important that its working parts be restored to their normal anatomical structure, that infection be prevented, and that deformities be minimized and repaired to restore maximum function. With the realization of the tremendous importance of this phase, a civilian consultant specialist in hand surgery was appointed in the Surgeon General's Office to establish a group of hand centers in our general hospitals throughout the United States, and to disseminate information and methods as to the treatment and care of the injured hand. In the Ninth Service Command, Dibble General Hospital was selected as a hand center and some 850 cases were transferred from the other general hospitals within the service command over a course of months. A specialist, Lt. Col. Pratt, was appointed in charge. The establishment of such a center was vital to the care of these casualties, since prior to this date it was necessary to have numerous surgeons operate on each individual case, since it required a plastic surgeon to excise the skin scar and put good pad and covering in its place, and operate to restore feeling. X-rays generally showed broken bones, and an orthopedist was called in to treat the fractures or heal the bone. Months elapsed between procedures and operations, the interests of these various specialists were divergent, and that appreciation of the hand as a unit was sometimes lacking. It was found necessary to outline a picture of each case in each individual's chart. This was best done by a sketch drawing of each case. With this drawing, an outline as to the future treatment with regard to nerves, tendons,



This patient gets a well-nigh perfect fit on the orthopedic brace shop's foot-measuring machine as Dibble's CO and others watch.

bones, splints, and ultimate results was marked on the chart. Thus, some semblance of rhyme and reason was afforded to groups of crippled hands. A dressing room was established on one of the wards, where technicians could care for the dressings. On ambulatory wards, exercises and occupational therapy were instituted so that time spent waiting for surgery was not wasted. Morale was maintained by granting furloughs between surgery. Ward rounds with the occupational therapists, physiotherapists and Red Cross workers were found to be of tremendous value in co-ordinating the various facilities available in the hospital.

Bi-valve plaster splints have been used exclusively for immobilization. The use of stainless steel wires for the immobilization of fractures and bone grafts of the metacarpals was found to be an important aid, hastening the more rapid return of function. Also more recently capsulotomies at the time of bone graft surgery have been developed here at Dibble.

The general orthopedist has found close liaison with the Plastic Surgery Section most stimulating,

particularly in considering the treatment of major bone loss with associated large soft tissue defects in the war wounded, which require massive soft tissue repair and covering prior to the insertion of remedial bone grafts to restore the skeletal structure of the extremity. The weekly orthopedic-plastic conferences resulted in a constant two-way exchange of patients between the services.

In this hospital particular attention has been given to the development and use of bi-cortical iliac grafts for major bone defects either alone or in conjunction with massive tibial strut grafts. On the septic orthopedic wards further development and use of the gum acacia method of skin grafting, particularly in conjunction with a dental plastic

mold, has been used to cover extensive granulating depressed areas effectively. Also of particular interest to the orthopedists has been their association with the plastic maxillo-facial team in the cutting of pattern iliac grafts for specific bone defects of the angle of the jaw and other deformities of the mandible as well as the more routine osteoperiosteal grafts from the tibia for less extensive non-unions of the jaw.

Hard-won recognition has at long last been accorded our "orphan child," the Orthopedic Section. It has taken its rightful place at Dibble beside the Blind and Plastic Services, in acknowledgment of its major contributions to the rehabilitation of the wounded soldier.



Dr. Sterling Brunnell, civilian consultant, examines hand case while Col. Pike, Col. Corr, Col. Gale and Col. Macomber watch with interest.



MEMBERS OF ORTHOPEDIC SECTION

Front row, left to right: Capt. Marcus S. Bushard, Lt. Col. Donald R. Pratt, Lt. Maurice A. Pike, Chief, Orthopedic Section; Maj. Louis S. Peery, Capt. Edward W. Doherty. Second row: Capt. Alphonse Dingacci, Capt. Legrand J. Audioun, Capt. Robert N. Chase, Capt. Robert F. Hall. Third row: Capt. Paul Siebenmorgen, Capt. Bernard Kahn, 1st Lt. Alex P. Bokovoy, 1st Lt. Gunnar E. Bohman, Capt. Frank Lambrecht, 1st Lt. David E. McMartin. Back row: 1st Lt. Rodney A. Stetson, 1st Lt. Mortell Benjamin.



Having your leg pulled can be fun when an attractive P. T. apprentice is involved.

PHYSICAL THERAPY

*H*ow's your achin' G.I. back? The Physical Therapy Department has taken the kinks out of many a stiff, sore muscle, but that's only a sideline for Chief Physical Therapist Capt. Catherine Wallace, who has headed the section since February 4, 1944, and her staff of trained PTs, apprentices, and technicians. Theirs is the important job of helping the reconstructive surgeons with their problem of restoring function to various parts of the body. Plastic work and tendon or bone grafts in many instances would be quite futile unless weakened, atrophied, or sometimes partially paralyzed muscles could be strengthened and made to work again.

During the eventful career of PT at this hospital, seven groups of apprentices, numbering 41 persons, were trained and emerged as brand-new second lieutenants, AUS. These students were given instruction in anatomy and body structure, as well as in the use of the many types of equipment—whirlpool baths, diathermy, infra-red and ultra-violet lamps—so essential to treatment. They

also learned the therapeutic value of the rowing machine, shoulder wheel, stationary bicycle, and a little weight-lifting gadget for exercising stiffened fingers.

Although all the arts of the physical therapist have been practiced here, since the designation of Dibble as a Hand Center, the bulk of cases referred to PT have been hand problems. Therapy, planned always on an individual basis, is geared to meet the specific needs of the patient. Very easy exercises are often started a few days after surgery. The patient who perhaps thought that a game of "This Little Pig Went to Market" was being played soon learned that the gentlest of massage and exercise were being given to get that hand in working order once again. He also learned how to do the exercise himself, so that the process thus initiated could be carried on around the clock. Later the same patient undoubtedly "graduated" to the therapeutic gym, where he gained more generalized strength working out on especially designed apparatus.

NEURO-PSYCHIATRIC SECTION

*A*t the anticipated closing of our hospital, the Neuro-psychiatric Service may reflect on its past with justified pride. Dibble General Hospital was officially named as a neuro-psychiatric center on August 25, 1944, and since the opening of the hospital has treated patients returned from overseas and those in the Zone of the Interior. Continual expansion and growth, as the need has presented itself, has been expressed throughout the entire time. From the occupancy of one ward to a total of six wards with a capacity of 354 beds, the service has grown from primarily original disposition of patients in need of neurological and psychiatric observation to a center whose functions extended to include more and more treatment of such cases and final disposition. In November of 1945 the responsibilities expanded further with the addition of the care and treatment of psychiatric general prisoners. Although at the cessation of hostilities there was a general decrease in the number of overseas casualties, the Neuro-psychiatric Service continued to be active. In January of 1946, 100 beds were set aside for the treatment of the psychiatric problems concerning the veteran. Being fully aware of the fact that the emotional and psychiatric aspects of wounded or blinded patients are of utmost importance in their recovery, the service has attempted at professional staff meetings to present workable psychiatric knowledge to the non-psychiatrically trained medical officers. The early recognition of emotional problems of these wounded, if adequately treated, has made their recovery easier and their adjustment more normal. Major B. H. Diamond's research and study on the blinded soldier gave proof of the especial application of psychiatric knowledge to the problems of that program.

All personnel of this department were carefully selected so as to be of utmost assistance to the en-

tire program. The psychiatrists were greatly aided by clinical psychologists who through their psychological testings helped to insure more effective disposition and treatment of the patients. They aided, moreover, by their assumption of the administrative duties. The enlisted personnel was chosen for expressed interests in this work. Ward attendants were given a series of lectures dealing with all phases of the care of psychiatric patients. At first all women on the section were psychiatric social workers, either WAC or Red Cross; but in June of 1945 the need increased, and enlisted women ward attendants were trained on the job under the WAC Medical Training Program. The nursing care that the psychiatric patient received was found to be immeasurably important to his well being. In realization of this fact, Dibble was named as a training center for neuro-psychiatric nursing in July of 1945. Twenty-five nurses from seven nearby hospitals received the benefits of the intensive three-months course. A series of lectures, laboratory demonstrations, and talks by allied specialists were held. Examinations were given, and 24 nurses graduated, highest scholastic honors going to one of Dibble's students.

The newest forms of therapy, including electric shock, both coma and sub-shock insulin treatment, narco-analysis for the combat exhaustion cases, and individual and group psychotherapy were used extensively. The electro-encephalogram was installed in January of 1946, and proved to be an excellent diagnostic aid in cases of epilepsy, head injuries, and brain pathology.

To supplement the above effective treatment administered by the professional psychiatric staff, the service widened its recreational field. A program which increased the patient's socialization was considered highly advantageous. With this thought in mind, activities were planned which would take

ROSTER OF OFFICERS NEURO-PSYCHIATRIC SECTION



Name	Rank
Percy G. Hamlin	Lt. Col.
Hyman D. Shapiro	Lt. Col.
Bernard L. Diamond	Major
Arthur R. Kasey	Major
Robert A. Wetzler	Major
Charles Buckman	Capt.
Alfred E. Coodley	Capt.
Allan R. Cruchley	Capt.
Kenneth V. Francis	Capt.
Alex D. Pokorny	Capt.
Joseph N. Feuerburgh	Capt.
Leonardo Dos Remedios	1st Lt.
Herman L. Finsten	1st Lt.
Clifford W. Phillips	1st Lt.
Harold J. Sacks	1st Lt.
Harold F. Searles	1st Lt.
Walton Warford	1st Lt.
John A. Wieldon	1st Lt.
Mary K. Cass	1st Lt.
Earl L. Moore	1st Lt.
Kennison T. Bosquet	2nd Lt.

the patient out of the ward about eight hours of the day. Recreational programs, originally held in one ward, expanded with the construction of a new building in the summer of 1945. This building included an Occupational Therapy shop and an entertainment and recreational hall.

Movies, USO entertainments, dances and parties were held. Furthermore, the patients enjoyed the facilities of the hospital gymnasium and ate in the general mess hall. While visiting here General William Menninger, the Neuro-psychiatric Consultant to the Surgeon General, commended the service for this extensive socialization program and felt that such an idea might be instituted in other hospitals. Also pleasing to General Menninger was the outdoor activity of the program. The grounds surrounding the wards were used for gardening areas. The men planted and harvested a good sized victory garden, and the produce was used in the diet kitchens. A variety of colorful flowers, cared for by the patients, bordered the outdoor area and added a cheerful note to the atmosphere. Of great value also to the patient's rehabilitation was the opportunity of expression offered him in the pleasant Occupational Therapy shop. The therapists were particularly qualified to instruct psychiatric patients who worked under careful supervision. An enlarged program with all types of activity resulted in excellent morale and aided in the patient's treatment.

The Neuro-psychiatric Service has played a very important role in a field where nothing readily visible evaluates the priceless assistance given. The value of utilizing and developing all forms of therapy has been recognized, and the results produced have been gratifying. More and more patients have been discharged to their own care or to the care of relatives. Whereas formerly 80 per cent were transferred to Veteran's Hospitals, the figure has dropped recently to around 40 per cent. Fewer patients are becoming wards of the government and more are returning to their place in civilian life; thus the primary goal of the service, to restore the neuro-psychiatric casualty to a useful place in society, has proved successful.

MEDICAL SERVICE

Even before the official opening of Dibble, the Medical Branch was a going concern under the direction of Col. W. P. Corr. As early as December, 1943, an influenza epidemic hospitalized a number of patients from the command and from military personnel at Stanford University. Commencing with the arrival of the first convoy of overseas patients on February 22, 1944, the service expanded rapidly until there were approximately 200 neuropsychiatric and 340 general medical cases by the middle of June. Large numbers of cases of skin diseases from the South Pacific were treated during this period. In September, 1944, when medical cases from overseas were no longer sent direct to this hospital, and after the designation of Dibble as a specialty center, the strength of the service declined, although it con-

tinued to figure importantly in a consulting capacity.

A new problem presented itself after VE day with the arrival of a large group of liberated prisoners of war. The treatment of dietary deficiencies and parasitic infestations was undertaken, and by the end of the year, care of this category of patient had been practically completed.

Out-Patient Section has always been a major feature of Medical Branch. This department has handled cases from military personnel at Stanford University, the Medical Detachment, dependents of servicemen and civilians working on post. Since the assignment of Major Joseph W. Galla, a qualified dermatologist, as Chief of Out-Patient Section, all skin consultations have been handled through this department.



ROSTER OF OFFICERS - MEDICAL SERVICE

Name	Rank
James W. Callaway	Lt. Col.
Eric M. Chew	Lt. Col.
William J. Mitchell	Lt. Col.
Joseph W. Galla	Major
John J. Keith	Major
Lloyd W. Robinson, Chief of Service . . .	Major
Bernard Strauss	Major
James L. Turner	Major
Paul Ferse	Capt.
John H. Flinn	Capt.
Hersh Licht	Capt.
James E. O'Malley	Capt.
James B. Pope	Capt.
R. C. Rodgers	Capt.
Maurice B. Rusoff	Capt.
Charles H. Scheifley	Capt.
M. W. Scricco	Capt.
Bernard Silber	Capt.
Joseph E. Giansiracusa	1st Lt.



Ward 26, Orthopedic Section, was scene of jubilation just before Christmas 1945 as Col. Paul H. Streit, Dibble's commanding officer, and Maj. Donald Pratt, Chief of the Orthopedic Section, congratulate nurse Avis Rooney and a group of the patients from the ward on taking the Grand Prize with their entry in the Christmas Tree Decoration Contest that high-lighted the holiday schedule. The grand prize, an electric phonograph and record album, was donated by B'nai B'rith of San Jose.

AMERICAN RED CROSS

*D*oes your cigarette taste different lately? You must have gotten it from Red Cross!" With malice for none and cigarettes for all, the gals in gray take remarks of this sort in their stride, and hand the next patient a double pinochle deck.

Red Cross, represented by Mrs. Mabelle Hargrove, Field Director, arrived on post in December, 1943, and was on hand to greet the first convoy of overseas patients. Staff and activities increased as patient census figures soared. An attempt was made to see each new patient to offer such services as loans and grants, personal comforts, and to establish what was often times the

first contact with his home upon arriving Stateside. Duties of the personnel became more divergent after the designation of Dibble as a specialty center. The emotional problems of men disfigured, blinded or manually disabled have been a constant challenge to the case workers who have also offered assistance in coping with personal and family difficulties.

The recreation department within the Red Cross has developed a three-fold program. The recreation hall activities emphasize movies twice weekly, bi-monthly dances, parties with food, fun, and GIRLS! A tremendous off-post program planned

for groups of from 15-120 convalescent patients features horse races, fishing, wrestling, ice skating, baseball, bull sessions, theater parties, symphonies and a wide variety of popular events. The bed patient is not the forgotten man as far as the Red Cross is concerned. Individual recreation is planned with an eye to therapeutic results. Music, monthly birthday parties, frequent movies, and local talent are scheduled entertainment on the wards to break the monotony and raise the morale. Holidays are busy times for all Red Cross personnel as an attempt is made to provide something out of the ordinary as far as diversion is concerned. The staff went all out for the Christmas program, both in 1944 and 1945, trimming Christmas trees, distributing gifts, making arrangements for each patient to make a free phone call home, and delivering \$5.00 to each patient which was given by the Examiner War Wounded Fund in 1944 and the \$10.00 given in 1945.

For every paid worker there have been more than 10 volunteer workers making possible more individualized service to the patients. Most numerous and certainly most familiar to the patients have been the gray ladies, while many a ruptured duck has been sewed on with the assistance of the sewing ladies.

Red Cross Camp and Hospital Council has been the channel through which community gifts to the hospital were made. Furniture for day rooms, civic center, Mills Hall and many other rooms was donated by this council.

Among its other services to the patient, Red Cross maintains operation of the guest house, which may be used by relatives of the patients.

Mrs. Martha Barrows, Field Director since March of 1945, handles all administrative duties and is the liaison between the military and the community.

Top: Expectant poppa clutching his "shower gifts" following ward party.

Center: "Miss Dibble" just before "she" models her latest at the fashion show.

Bottom: Parties given for the blind at the Baxter estate are an institution at Dibble.





Bob Hope and Frances Langford help celebrate a birthday on the wards.

SPECIAL SERVICES

The undertakings of our prominent Special Service Division have been numerous and diversified. The pioneer Special Service staff of one officer and two enlisted men embarked on a plan to give the patients and personnel the best possible in recreation and entertainment. A liaison was maintained with the American Red Cross, United Service Organization and other civilian organizations to coordinate activities of these agencies with the Army.

On September 15, 1944, a milestone was passed toward the achievement of the branch's aim. This was christening day for the Post Theater and an audience of but 146 people was on hand for the first program. From that time on first-run features and shorts have delighted increasingly large audi-

ences. The high point in attendance was reached on the week ending the 30th of November, 1945, when 3,276 Dibble people stood in line for their tickets. Christmas of 1945 was celebrated with the installation of invitingly comfortable upholstered theater chairs. As well as an absolute must for entertainment, the theater has been a great source of dividends for the Post Trust Fund, thus providing thousands of dollars for other recreational activities.

High quality was sought both in the Recreation Hall shows and the medically approved ward entertainment. It is impossible to doubt that such an aim was achieved when recollecting some of the colorful personalities and programs witnessed. Kay Kyser, John Charles Thomas, Jose Iturbi, Joe E.

Brown, Bob Hope, Walter Pidgeon, Helen Hays were a few of the stars from the theater and music world that charmed hospital audiences. Numerous outstanding programs were presented such as the Chase and Sanborn hour featuring Frances Langford and Spike Jones, a Horse Show sponsored by the Mounted Patrol of San Mateo and enjoyed by nearly 5,000 on-lookers, and the Coca-Cola Spotlight Band program with Alvino Rey and his orchestra. Swimming and diving stars of the nation awed spectators at the opening of our long-awaited pool. Twice monthly shows were provided by the United Service Organization, plays were presented by the Palo Alto Community Players, and the Armed Forces Entertainment Committee in San Francisco was responsible for well-remembered "Dear Ruth," "Oklahoma" and "Charlie's Aunt."

The radio control room built in the balcony of the Recreation Hall provided the means to spread throughout the hospital the programs emanating from the stage of the hall. Moreover hundreds of hours of recorded programs originated in the radio

studio and went out over the air for the bed patient's enjoyment.

New fields were developed in activities which emphasized the participation of the patient and duty personnel. The Dibble Radio Players came into being and encouraged directing, writing and acting abilities. Clever shows, written and produced by Dibble people, were presented bi-weekly to the Recreation Hall audiences and over the hospital network. Musical talent was stimulated more and more as the facilities of the Music Center grew. A simple program was enlarged to include lessons on all types of instruments. Rooms were made available where patients and personnel could practice at their leisure. Late in 1945 the splendid four-lane bowling alley was opened and enthusiastically received.

Such a comprehensive program could never have rolled so smoothly without the cooperation of the entire Special Service branch under Lt. Don Linder.

They laughed when he lay down to the piano, but Special Services gives instruction even to bed patients.



EDUCATIONAL RECONDITIONING

The long hospital days endured by the patient no doubt thrust upon him the most unoccupied time that he had ever experienced and probably the most that he would undergo in the future. The aim of the reconditioning program, inaugurated at Dibble in February of 1944, became not only to innocuously remove the drag from the day, but also to actually render benefit both to brain and brawn of the patient. The educational phase of the program rolled into action in September with its one man department, Lt. J. Paul Lilly, personally conducting three orientation courses daily. The all important bed patient was encouraged to enroll in USAFI self-study and correspondence courses, guest speakers brought him human interest talks, and men from various business and industrial organizations spoke on their particular fields. Dibble's patients were on their toes as to happenings at the United Nation's Conference. Speakers from that body travelled southward to the hospital, and many patients were taken to San Francisco to see and hear the deliberations. The newspaper, "Dibble Data," sprung into being and grew through the year of 1945. Events in the life of the hospital were colorfully depicted, and the popular sheet was enjoyed bi-weekly. A driving class was originally established to enable patients

who had lost an eye to obtain their California drivers' license. The demand for instruction grew so that two cars were used and Red Cross volunteer workers assisted with the lessons.

Educational Reconditioning took an important step forward in January of 1945, when a survey of the patient's interests and abilities was conducted. On the basis of this scrutiny the program matured until the hospital has the well-founded and well-rounded department of the present, staffed by seven WACs, three enlisted men and two civilians. Stanford University, Palo Alto Evening High School and San Mateo Junior College were contacted and arrangements were made to send busses to the schools daily so that patients might attend regular classes and receive academic credit. San Mateo cooperated further with special arrangements for the education of the blind. Gradually the Gompers Trade School, California Labor School, San Jose State College and Golden Gate College extended their facilities. Furthermore, the patients were entitled to academic credit for their military experience and the WAC counselors of the department urged them to make this important application. To supplement this credit, General Educational Development tests were given on both high school and college level. If the quizzes were passed satisfactorily, a patient found himself the owner of a treasured high school diploma or ready to enter college without worry over entrance exams. An effort was also made to help the patient decide on a future career that would bring happiness and satisfaction to him. Vocational aptitude tests were given with expert interpretation as to the patient's possibilities in his selected field. Lt. Doris Todd, former I. and E. officer of the department, gave a large number of beneficial personality tests to patients, who through long hospitalization felt a need for this assistance. Obviously varied have been the undertakings of this department but all with the aim to benefit patients and personnel.

Back to school—USAFI style.





Class IV patients take that daily dozen in bed.

PHYSICAL RECONDITIONING

*P*hysical Reconditioning has played a vital part in the rehabilitation of the patient at Dibble since the early days of 1944 when the athletic field and swimming pool of Stanford University afforded facilities for physical education. Our own gym, completed and equipped in July, 1944, has continued to expand its activities, offering a program of ever-increasing scope and interest. Attendance was made compulsory at one of four daily classes for all ambulatory patients, while bed patients on the Orthopedic Section have been given daily exercises. Volleyball and other mass games have always been popular indoor sports.

The year 1945 was one of expansion and development and saw the completion of outdoor handball and basketball courts. During this period more emphasis was placed on patient participation in informal games and tournaments than on com-

pulsory calisthenics. Under the tutelage of Lt. Dick Banning, present Chief of Physical Reconditioning, a first-rate basketball team was organized, and during the 1945-46 season, twelve out of sixteen industrial teams, offering stiff competition, went down under the might of the Dibble cagers. A softball team has also successfully taken on all comers.

A long cherished dream became a reality in September, 1945, when an Aquacade opened the new swimming pool with a great splash. A few months later a four-lane bowling alley located on Ward 21 was inaugurated.

The beautiful Douglass estate, convalescent annex to the hospital, has functioned under this branch. All patients on this program participated in Class I and II exercises, many returning to duty upon their discharge from the hospital.

OCCUPATIONAL THERAPY

Familiar to all in Dibble today are the fresh white uniforms and little green carts of the Occupational Therapists. However, way back in March of 1944, Miss Hazel Donelson was a lone pioneer starting out in two small rooms in the Orthopedic brace shop. Even with tools and space both so limited, a varied program was successfully launched to aid in the reconditioning of the patients. Needless to say early ward coverage would have been impossible without volunteers of the Red Cross Arts and Skills Corps, women selected by Stanford University art instructors after a special occupational therapy course.

Succeeding months brought several changes in location, but finally by the end of 1944, one complete warehouse proved to offer fairly adequate space. The earlier limitation of insufficient staff, equipment, and materials eased gradually, and the program developed fully.

By the first of 1945 the training of emergency Occupational Therapy students here was in full sway. The carefully selected college graduates completed a four months' course before their arrival here for eight months' clinical training. The students spent some time in all phases of the program so as to learn specialized neuro-psychiatric

Patient gets practical experience in print shop.





Top: Remedial O. T. to obtain opposition of thumb.

Right: Miss Hazel Donelson, Chief, Occupational Therapy Department.

and blind programs as well as to gain experience in diversional functional shop and ward work.

In the diversional shop, located in the south side of the warehouse, the patients assembled daily to pursue their own tastes. The duty personnel, too, was cordially invited on Tuesday and Thursday evenings. Here interesting leather work, attractive linoleum block printing, colorful ceramics, plastic molding, weaving, and painting activities all unfolded as the hospital members showed their creative interest and ability. A separate wood shop was on hand in which cabinets for radios, tables, and stools were built. A photographic laboratory was recently added where patients so qualified could enjoy delving in films.

The north side of the building housed the vitally important functional shop. Patients were sent here under the prescription of the director so that they might get specific exercise for the rehabilitation of certain muscle groups. Special equipment was constructed by the therapists to improve function,

particularly of the arms and legs. Innumerable patients benefited remedially through the activity of weaving or working in plastic and wood materials. There were also radio and print shops where interested patients might tinker.

During all the shop growth the bed patient still remained at the top of the list for the therapist. His morale need was often far greater than that of an ambulatory patient. Consequently he was visited daily, new work was introduced to him often, and he was constantly advised and encouraged in his endeavors. It is warming to note that the bed patient could also enjoy almost all of the activities offered the patients able to visit the shops.

The cooperation and assistance of a fine group of Occupational Therapists brought nearer to attainment the goal of the total reconditioning program.





CHAPEL

*D*ibble's Chapel became a part of the hospital's life just in time for the first service to be celebrated New Year's Day of 1944. Services had begun, but the lovely music associated at present with the Chapel was not forthcoming until August of 1944, when a Hammond electric organ was installed and dedicated. The Chapel benefited by the generosity of many—New Testaments and Bibles were found at the pews, the little "Blessed Sacrament" chapel to the right of the main altar was furnished and equipped, the attractive wall coverings were donated, the beautiful redwood

used in the tabernacle was contributed and a lovely sanctuary lamp became a part of the church. All these gifts added to the atmosphere of a Chapel that is today well loved by this hospital. Since these lovely surroundings could not be enjoyed at all times by the patients confined to their beds, it was felt that they should share in the service. Thus, on June 19, 1945, the broadcasting of the services was begun with the Dibble Chorus providing the music. So the Chapel expanded and grew to meet the religious needs of patients of all faiths: Catholics, Protestants, and Jews.



LIBRARY

*A*s the hospital's first patients arrived in February of 1944, so too did the Post Librarian, pert Harriet Arnold. Her first library, composed of books donated by people of the community, was set up in one small room in the Red Cross Building. Gradually books were ordered to set up a balanced collection so that the tastes of all the patients could be satisfied. By June the books began pouring in, practically forcing other library activities beyond the walls of the small room. It was apparent that more space was urgently needed and at the end of the summer the library expanded until it included the Red Cross Lounge. Book trucks now began visiting the bed patients, and in general the library flourished in these surroundings until the spring of 1945. At this time construction of the new building was begun, and soon the staff

was ready to move to its present popular location across from the Chapel.

As writing desks, davenports, and chairs were added, the library became a comfortable and attractive place for both patients and duty personnel. The demand had always been great for pleasant, easy reading. However, after the end of hostilities, many borrowers began reading more seriously, and there was a sharp increase in the number of books desired on vocations, college courses, marriage, and home building. Requests for standard texts and classics became so numerous that even with 5,000 books and 70-odd magazines available, it became necessary for the library to draw freely upon resources of the Palo Alto Public Library, Stanford University and the California State Library.

PERSONAL AFFAIRS

The prime objectives of much of Dibble's duty personnel are to insure that the patient's stay in the hospital will be less complex, more worthwhile, and more fun. Helping to untangle some of the many complications that arise in a G.I.'s life is the mission of the Personal Affairs Office. This indispensable service was established at Dibble in April of 1944, with the assignment of Lt. Pearl Fuchs to start the ball a-rolling. In a relatively short time, the Women's Voluntary Committee, composed of wives of Duty Personnel, was organized to assist Lt. Fuchs. The activities of this committee have included the making of condolence calls, the preparation of surgical dressings, the staffing of the information desk in the morn-

ings, and the location of homes for incoming officer personnel. As in all other phases of our hospital, necessity has been the basis for expansion. The work in this branch increased manifold, so the office grew until today we have three personal affairs advisors on ready call. All three are busy constantly as they advise, counsel, and assist in legal and personal matters, not only Military Personnel but their dependents as well. Eight-hour days are filled with the handling of claims for loss or damage to personal property, the obtaining of waivers of premiums for those hospitalized for six months or more, the conversion of this insurance to permanent status, and the administration of Army Emergency Relief.

VETERANS' ADMINISTRATION

Through long months the hospitalized soldier thinks of his return to civilian life. Before being discharged the Veteran's Administration gives each patient a true outlook of both problems and benefits awaiting him. With the cooperation of the American Red Cross, the Veteran's Administration representative carefully directs the prospective civilian in filing his disability pension claim to his best advantage. Beginning with the first filed May 6, 1944, the office has filed more than 3,000 of these claims, at the same time advising the soldier of his right to appoint a service organization as his legal representative.

Complete information on National Life Insurance is another important service. Those hospitalized for a period of six months or longer are entitled to a refund of premiums paid during such

a time, and applications for the claims have been made through this office. Insureds who have severe disabilities are advised to convert their policies to ordinary, 30 pay or 20 pay life, as the government waives higher premiums on those badly injured. Soldiers having lighter injuries are directed to wait until their earning capacity and insurance needs can be more satisfactorily judged.

Information on how to obtain further treatment or hospitalization as a dischargée is also a service of the office. At the present time 120 beds are available in our hospital for veteran patients.

The G.I. Bill of Rights in all of its phases as it pertains to the individual soldier is thoroughly explained. The representative and the patient consider both educational and loan privileges for a clear picture of the advantages due the veteran.



ARMY NURSE CORPS

When Captain Irene Bukky was ordered to Dibble General Hospital as Principal Chief Nurse in December, 1944, her staff consisted of six 2nd Lieutenants. This minute staff accomplished the very large task of organizing the program for the nurse corps in addition to the back-breaking job of setting up the wards and surgery. The group established the high standards of efficiency and selfless service which have been steadfastly maintained by the 518 nurses who succeeded the original unit. Many of the successors have been veterans from overseas. Major Margaret Hession, present Principal Chief Nurse, arrived in June, 1945, from the Pacific Theater of Operations. As of February, 1946, the records show that twenty-three nurses present at that time had earned overseas awards.

Because the hospital specialized in ortho-plastic surgery and psychiatry, the nurse corps has emphasized concentrated in-training courses. In July, 1945, an intensive three-months' military neuro-

psychiatric school was initiated from which 24 nurses were graduated. Also in 1945, eight nurses successfully completed a six-months' course in anesthesiology. During the years 1944-46, 174 Cadet Nurses were assigned here for their last three-months' training. The surgical nurses deserve high praise for having accomplished the arduous task of working two shifts daily in the surgical pavilion. In the plastic service, special dressingroom nurses worked three eight-hour shifts daily to make certain that the dressings would be done unhurriedly and with perfect technique.

According to Major Hession, the nurses assigned to Dibble General Hospital will probably remember it as one of the busiest, as well as one of the most exacting, placements of their careers. They contributed a great deal to the effectiveness and high caliber work of the organization and, in return, had many opportunities for new professional experiences and the lasting satisfaction of the knowledge of service well done.



Col. Paul H. Streit awards Dibble Section E Award to Lt. Charles Ferderber, CO, Enlisted Detachment.

ENLISTED DETACHMENT

*I*n early October of 1943, the Detachment Medical Department consisted of 25 men. By the end of November, another 100 were here. These men had the tough job of opening the wards, shoving around the furniture, setting up the equipment, and otherwise preparing for and assisting the first patients. The year 1944 was one of changes with a large turnover of enlisted personnel, since most physically qualified men were declared available

for overseas service. The average strength of the unit was approximately 450. In August, 1945, the Detachment was redesignated Enlisted Detachment, 1985 S.C.U. and included Finance, Military Police, Quartermaster, and Transportation Detachments. The average strength of the unit in 1945, was approximately 550.

The duties of the Detachment are too various to enumerate, but all these activities are controlled

and directed from the Orderly Room. This office is open 24 hours per day, operating on a three-shift basis, to insure maximum efficiency. When new men arrive, they are signed to quarters, issued a copy of the standing orders, and given a talk by the first sergeant. Each man is interviewed by the Commanding Officer, 2nd Lt. Charles J. Ferderber, before going to Classification for assignment. It is the aim of the Commanding Officer that the men be assigned to jobs nearest their capabilities and qualifications. Emphasis is placed on on-the-job training, especially in technical skills. Advanced Medical Training Schools have been conducted and completed under appropriate Military Training Programs. A 30-day Medical Department enlisted technician's school was conducted for the greater part of 1945. Also, a continuous training program for laboratory and X-ray technicians was carried on. Approximately 500 men have received technical training at Dibble General Hospital in the last year and one-half. Many so trained have gone overseas. Others have used this knowledge to find employment in civilian medical service after discharge from the service. A great many men have re-enlisted in the regular Army.

Since the primary interest of the Detachment is the care and welfare of the patients, no basic training and not much formal drill is required of the enlisted personnel. Furloughs, detached service, and three-day passes have been liberally given. Married men live off-post. Men living in barracks have full responsibility for their area. All the landscaping, grass sowing, and general beautification of the Detachment area was accomplished by the enlisted men in their free time. The Detachment was awarded the Dibble Section E Award for the year 1945.

Several awards have been given to the Enlisted Detachment for their accomplishment of difficult tasks and their maintenance of a high standard of discipline. On June 7, 1945, the Award of Meritorious Service Unit Plaque was awarded to the entire unit of 1985 S.C.U., and all military personnel assigned to the unit were authorized to wear the Meritorious Service Unit insignia. The General Orders cited the unit for "superior perform-

ance of duty" between December 1, 1944, and January 31, 1945. On March 19, 1946, Col. Paul H. Streit, Commanding Officer, Dibble General Hospital, recommended that the 1985 S.C.U. be awarded the Meritorious Service Gold Star for the period of September 1, 1945, to February 28, 1946. This award was presented on April 19, 1946, entitling all military personnel to wear the figure "2" within the gold wreath originally awarded. In April, 1946, six enlisted men were awarded the Army Commendation Ribbon for exceptional efficiency and outstanding ability. According to Lt. Ferderber, the individual morale and unit esprit de corps of the Enlisted Detachment is exceptionally high. More than one thousand men have been part of the unit during its history, serving in every department of the hospital and meeting all the needs and wants of the patients with energy and enthusiasm.

Second Lt. Charles J. Ferderber, Commanding Officer 1985 S.C.U., arrived for assignment on December 1, 1944. Previously he had spent a year and a half as an enlisted man at Fitzsimmons General Hospital before attending O.C.S. In April, 1946, Lt. Ferderber was awarded the Army Commendation Ribbon for his work as commanding officer of the Enlisted Detachment for "instilling in the members of the detachment a high sense of duty."

"All military personnel assigned to the unit are authorized to wear the Meritorious Service Unit Insignia."



WAC DETACHMENT

The WAC Detachment was officially activated on April 1, 1944. In addition to Lt. Pearl Fuchs, Commanding Officer, the detachment started life at Dibble with three members. These were Physical Training apprentices who transferred from Stanford for a three-months training period. The first permanent duty personnel arrived November 29, 1944, as medical technicians. During the following six months, WACs arrived in ever larger numbers. On June 29, 1945, disbandment of the old WAC Detachment and activation of the new 84th WAC Hospital Co. (ZI) marked the beginning of a new era at Dibble. Almost every department in the hospital, from clinics to motor pool, received its share of trim and well-trained WACs. On July 9, the first group of trainees for hospital companies arrived for a month's on-the-job training prior to permanent assignment. On July 13, the 124th WAC Hospital Co. (ZI) was activated. In the months of July and August of 1945, there were approximately 300 enlisted WACs at Dibble, 160 of whom were hos-

A WAC laboratory technician gets down to business on a venipuncture.



pital trainees who finished their program on August 27.

The WAC personnel has led a very busy, useful existence, performing highly important duties in pursuance of the aim to restore the wounded to health. Many of the WACs are surgical and medical technicians and medical clerks. Others are skilled as technicians in X-ray, photography, dentistry, and artificial eye laboratories. Some do specialized work as medical artists, neuropsychiatric counselors, or educational instructors. Still others have administrative duties in the various departments.

The morale of the WAC Detachment is very high, and Lt. Fuchs proudly announced that a high percentage of EW eligible for discharge have elected to stay at the hospital as long as it is open. The detachment received the Dibble Section E Award for the year 1945.

In off duty hours, the detachment has a lot of fun. The sports program includes a basketball team, softball squad, and a bowling team. Much of the recreational activity centers around the day rooms, but picnics and barbecues are very popular. A sure sign that the WACs lead anything but a dull life is the fact that more EW have been discharged on marriage than on all other reasons together.

The WAC Detachment points with pride to its Commanding Officer, 1st Lt. Pearl Fuchs. Lt. Fuchs, who has been in the corps since its beginning, came up through the ranks. She reported to Dibble General Hospital on Dedication Day, March 2, 1944. She assumed the duties of Assistant Adjutant, Personal Affairs Officer, Public Relations Officer, and Postal Officer. She officiated the Officers' Soldier voting affidavits and was WAC recruiting officer while preparing and waiting for the WAC Detachment. Lt. Fuchs was awarded the Army Commendation Ribbon on April 29, 1946, for her work as Commanding Officer of the WAC Detachment.



Col. Paul H. Streit awards flag to DGH Civvies for 100 per cent bond purchases.

CIVILIAN PERSONNEL

The Civilian Personnel Branch, which at peak strength in the summer of 1945 numbered approximately 800 employees, came into being September 1, 1943, when civilians were transferred from the District Engineer's payroll to the Army's. Mr. Morton Harvey, present chief, was appointed in May, 1944. During that year, civilian employees gradually replaced soldiers in the mess halls, in most of the clerical positions, and took over many jobs on the wards. Civilians are now employed in all departments, including warehouse, motorpool, maintenance, post engineers, fire department, clinics and laboratories, and the library. Although there has been a great turnover in personnel, approximately 150 employees have received six months' Meritorious Service Awards.

The Civilian Employees Association, which was formed in May, 1944, to protect the interests of

the civilians, has played an important role in the life of Dibble Hospital. The association secured regular bus service at convenient hours and bus stops at the gates. Through its efforts, highway signs were procured. The branch bank owes existence to the Association. Approximately 15 civilians have received awards for money and labor-saving suggestions which increased the efficiency of the hospital. Civilians acted as Minute Men throughout the hospital in the War Loan Drives and maintained a 100 per cent bond purchase record. The Dibble General Hospital Glee Club, organized by the Civilian Employees Association in 1945, now includes WACs and nurses. The Association has presented several shows and entertainments for the patients, and military personnel have always been invited to all dances, picnics, and parties put on by the C.E.A.

MILITARY PERSONNEL

Engaged in such diverse activities as requisitioning Purple Hearts and paying back pay to liberated prisoners of war, Military Personnel has done an outstanding job in a difficult situation. Long and frequent furloughs presented a problem for patients who often missed pay days in the hospital. Paying by checks which could be mailed to the furlough address, rather than in cash, proved to be a satisfactory solution.

A tremendous job was done in keeping up to date patients' personnel files, many of which were

incomplete upon arrival from overseas. In addition exceptionally large incoming convoys complicated the situation, particularly in regard to payrolls, allotments and awards.

During the dark days of 1944, the exigencies of war created many personnel problems in that constant replacements had to be made for men ordered overseas or to other installation. However, a high standard of efficiency has been maintained at all times.

REGISTRAR'S DIVISION

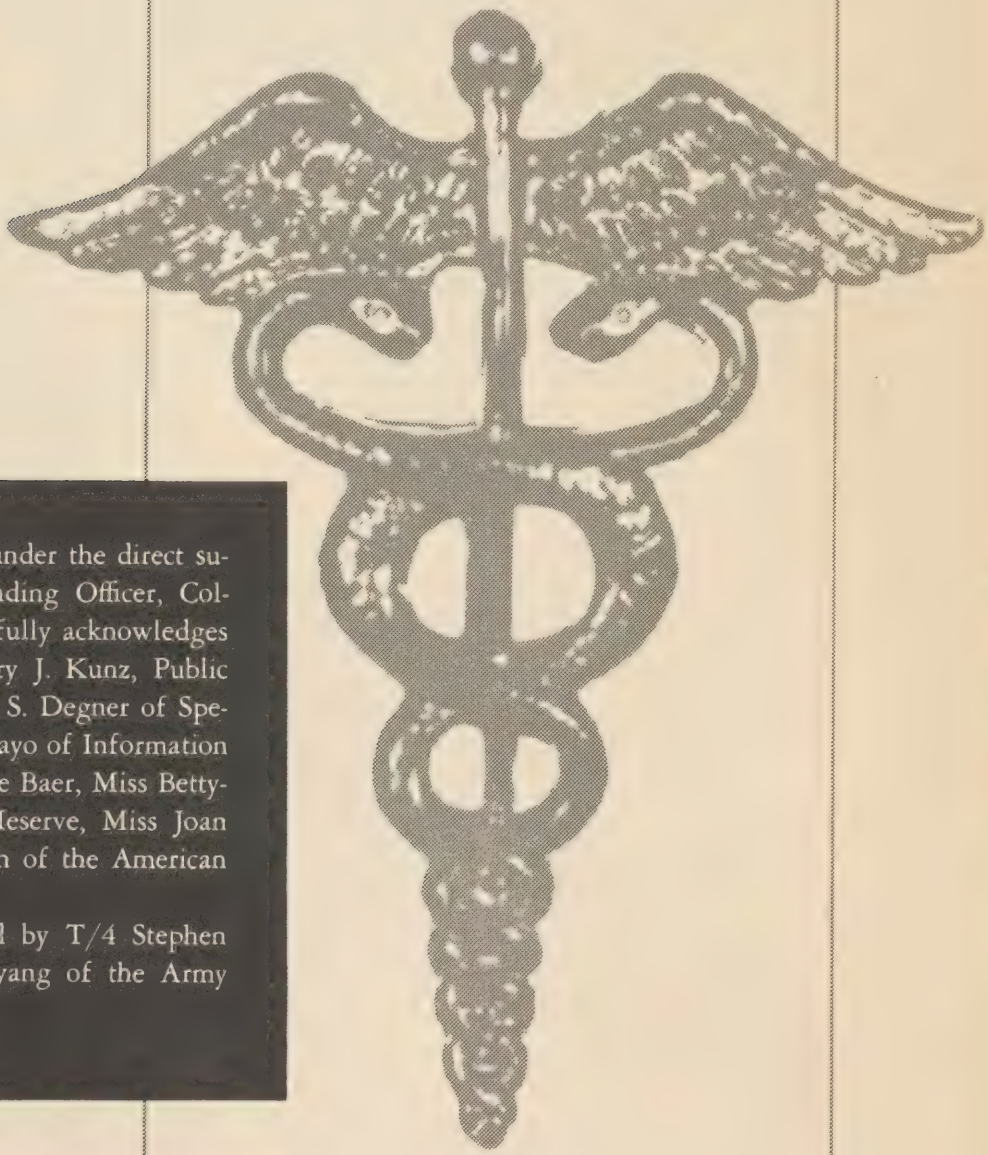
Headed by Lt. Philip S. Geller, the Registrar's Division, embracing Sick and Wounded Office, Statistical Section, Receiving and Evacu-

ating, Detachment of Patients, Baggage Room and Patients' Unit Supply, opened for business on December 22, 1943, with the admission of Patient No. 1. From that day until May 1, 1946, a total of 16,156 admissions have been recorded under the guiding hand of Spencer Collingham, one of the oldest civilian employees in point of service in the hospital, and the files of his department show that an average of over 100 admissions and dispositions per day have been accomplished for the entire period. The peak load was reached on June 10, 1944, when 458 patients were admitted direct from overseas evacuation, 356 of whom were transferred to other hospitals fourteen days later.

This division is in constant contact with each patient from time of his arrival until his departure, recording his furloughs, safeguarding his funds, handling his baggage, and eventually outfitting him with a Class A uniform if he is discharged from the service at this station.

Major Gerald E. Geise held the post of Registrar from May, 1944, until he became Adjutant in March, 1946, at which time Lt. Paul V. Babcock assumed charge.





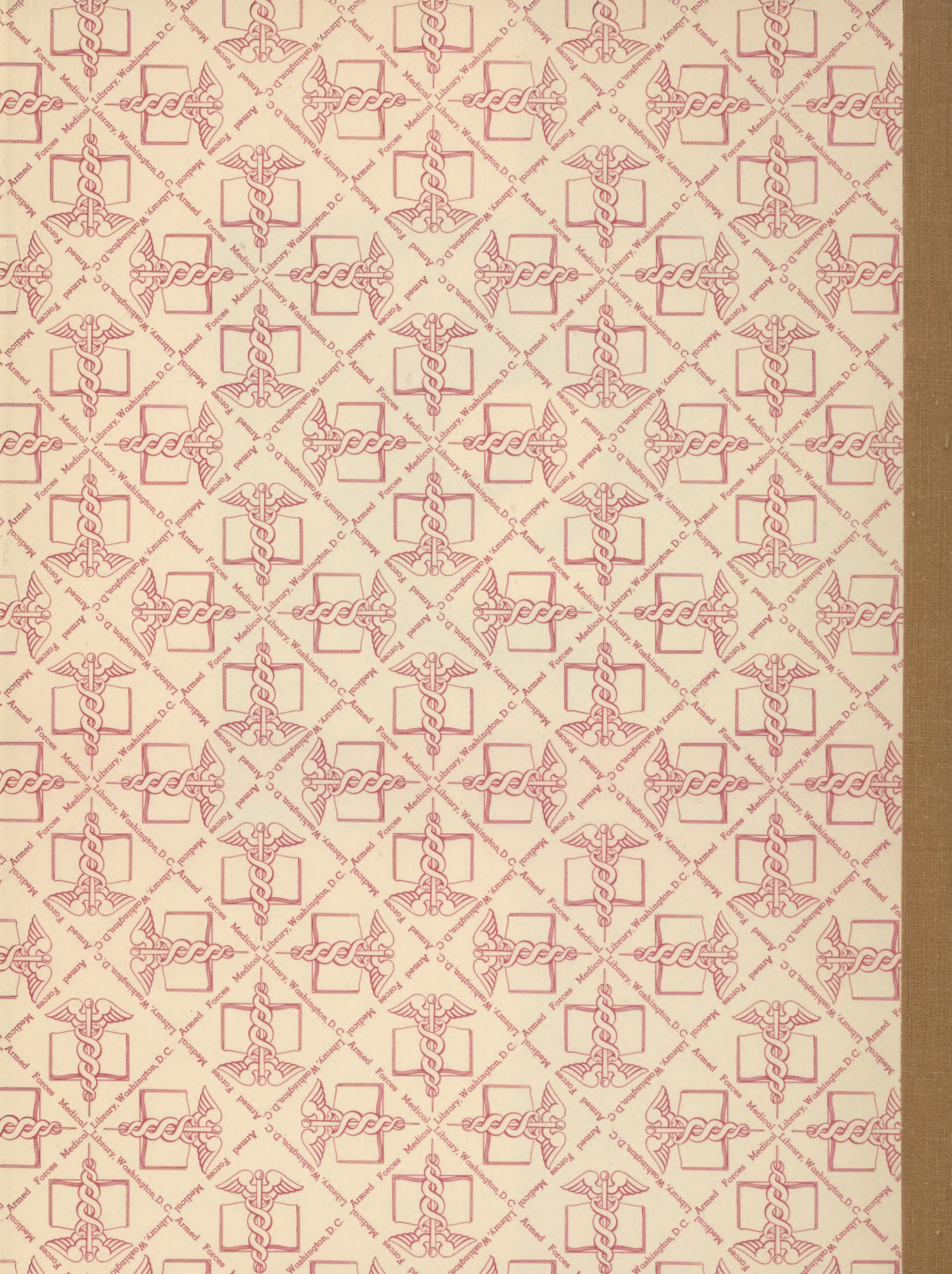
This history was compiled under the direct supervision of the Commanding Officer, Colonel Paul H. Streit, who gratefully acknowledges the aid given by Captain Mary J. Kunz, Public Relations Officer, Sgt. Richard S. Degner of Special Services, Corporal Mike Mayo of Information and Education, and Miss Louise Baer, Miss Bettygale Emerson, Miss Jeanne Meserve, Miss Joan Shivers, and Miss Jean Walsh of the American Red Cross.

Photographs were furnished by T/4 Stephen Essaff and T/5 Sherman Owyang of the Army Signal Corps.



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